## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000028785

BARRETT, ALBERT

MARGATE, FL 33068

531 62 AVE

Name:

Address:

City-St-Zip:

FILED Jun 19, 2007 Secretary of State

Entity Na	me: MAND M	1 CONCRETE CUTTING, INC				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	WBRIDGE RC RCE, FL 3494					
Current Mailing Address:			New Mailing Address:			
	WBRIDGE RC RCE, FL 3494					
FEI Number	: 65-1046499	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	A, ELLEN WBRIDGE RC RCE, FL 3494					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered c	ffice or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			ent	Date		
		3(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( GIANCOLA, EL 2107 TROWBF FORT PIERCE	RIDGE ROAD	Title: Name: Address: City-St-Zip:	D (X GIANCOLA, M 2107 TROWBR FORT PIERCE		
Title: Name: Address: City-St-Zip:	D ( GIANCOLA, W 2107 TROWBF FORT PIERCE	RIDGE ROAD	Title: Name: Address: City-St-Zip:	D (X GIANCOLA, M 2107 TROWBR FORT PIERCE		
Title: Name: Address: City-St-Zip:	O ( WOOD, ASHLE 2107 TROWBF FT PIERCE, FL	RIDGE RD	Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title:	0 (	) Delete	Title:	( '	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: M, ELLEN GIANCOLA **PRE** 06/19/2007