

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037171

FILED
May 01, 2009
Secretary of State

Entity Name: CONCRETE CREATIONS OF MIAMI INC.

Current Principal Place of Business:

11704 NE 11TH PLACE
BISCAYNE PARK, FL 33161

New Principal Place of Business:

Current Mailing Address:

11704 NE 11 PLACE
BISCAYNE PARK, FL 33161

New Mailing Address:

11704 NE 11TH PLACE
BISCAYNE PARK, FL 33161

FEI Number: 65-1089629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUNHA, ALMIR F DIR.
11704 NE 11 PLACE
BISCAYNE PARK, FL 33161 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: CUNHA, ALMIR F DIR.
Address: 11704 NE 11 PLACE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: SEC. () Delete
Name: CUNHA, MIRZA F SECR.
Address: 11704 NE 11 PLACE
City-St-Zip: BISCAYNE PARK, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: CUNHA, ALMIR F DIRECTO
Address: 11704 NE 11 PLACE
City-St-Zip: BISCAYNE PARK, FL 33161 US

Title: OFF (X) Change () Addition
Name: CUNHA, MIRZA F OFFICER
Address: 11704 NE 11 PLACE
City-St-Zip: BISCAYNE PARK, FL 33161 US

Title: PART () Change (X) Addition
Name: TROFINO, FABIANO D PARTNER
Address: 671 NE 195TH ST #418
City-St-Zip: N. MIAMI BEACH, FL 33161 US

Title: OFF () Change (X) Addition
Name: DACUNHA, SILVAIR F OFFICER
Address: 302 SW 33RD AVE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE: MIRZA FERREIRA DA CUNHA

OFF

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date