

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P01000075200

1. Entity Name
DESIGN SHOTCRETE, INC.



Principal Place of Business
1810 WEST 79TH STREET
HIALEAH, FL 33014

Mailing Address
1810 WEST 79TH STREET
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #
1490 W. 68 ST.

3. Mailing Address
1490 W. 68 ST.

Suite, Apt. #, etc.

Ste: 204

Suite, Apt. #, etc.

Ste: 204

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33014

Zip

33014

Country

6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANCISCO
1810 WEST 79TH STREET
HIALEAH, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VP
NAME: RODRIGUEZ, MIGUEL
STREET ADDRESS: 1810 WEST 79TH STREET
CITY-ST-ZIP: HIALEAH, FL 33014

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1490 W. 68 ST. ste: 204
Hialeah, FL 33014

TITLE: P
NAME: RODRIGUEZ, FRANCISCO
STREET ADDRESS: 1810 WEST 79TH STREET
CITY-ST-ZIP: HIALEAH, FL 33014

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Director
1490 W. 68 ST. ste: 204
Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

President
Edwin Baran
1490 W. 68 ST. ste: 204
Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

000113558720
01/02/08--01039--018 **122.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 DEC 19 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12182007 Chg-P CR2E034 (12/06)