


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028666 1. Entity Name ANGEL CONCRETE FINISH CORP.	
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Principal Place of Business 1305 NW 23RD CT MIAMI, FL 33125	Mailing Address 1305 NW 23RD CT MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE

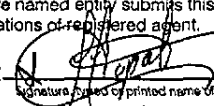


04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-0854257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPOTE, ANGEL 1305 NW 23RD CT MIAMI, FL 33125

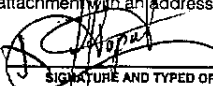
DO NOT WRITE IN THIS SPACE

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstalling)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOTE, ANGEL 1305 NW 23RD CT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPOTE, MIGUEL A 1305 NW 23RD CT MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000302921 04/13/05-80090-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____