

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 006 \*\*\*158.75

<b>DOCUMENT # P02000075490</b>					
<b>1. Entity Name</b> FASCINATION CONCRETE CORP.					
<b>Principal Place of Business</b> 8855 NW 146TH LANE HIALEAH GARDENS, FL 33018			<b>Mailing Address</b> 8855 NORTHWEST 146TH LANE HIALEAH GARDENS, FL 33018		
<b>2. Principal Place of Business - No P.O. Box #</b> 19700 BELVIEW Dr Suite, Apt. #, etc. MIAMI FL City & State 33157 Zip		<b>3. Mailing Address</b> 19700 BELVIEW Dr Suite, Apt. #, etc. MIAMI FL City & State 33157 Zip			
03082007    Chg-P    CR2E034 (12/06)		<b>4. FEI Number</b> 54-2062933		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> NAVARRO, RAMON 8855 NW 146TH LANE HIALEAH GARDENS, FL 33018	
<b>7. Name and Address of New Registered Agent</b> Name: NAVARRO, RAMON Street Address (P.O. Box Number is Not Acceptable): 19700 BELVIEW Dr City: MIAMI    State: FL    Zip Code: 33157				<b>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.</b> SIGNATURE:     DATE: 3/8/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: D NAME: NAVARRO, RAMON STREET ADDRESS: 8855 NW 146TH LANE CITY-ST-ZIP: HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete		TITLE: D NAME: NAVARRO RAMON STREET ADDRESS: 19700 BELVIEW Dr CITY-ST-ZIP: MIAMI FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> NAVARRO RAMON			3/8/2007    706586854		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		