

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90147 028 \*\*\*150.00

**DOCUMENT # P03000031918**

1. Entity Name  
U.S.A. STAMP CONCRETE INC.



Principal Place of Business  
800 WASHINGTON AVE #808  
MIAMI BEACH, FL 33139

Mailing Address  
5251 S.W. 154TH PLACE  
MIAMI, FL 33185

2. Principal Place of Business  
18987 SW 308 St.  
Suite, Apt. #, etc.

3. Mailing Address  
18987 SW 308 St.  
Suite, Apt. #, etc.



02272006 Chg-P CR2E034 (11/05)

City & State  
Homestead FL  
Zip 33030 Country USA

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Homestead FL  
Zip 33030 Country USA

4. FEI Number  
71-0938745  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SOCARRAS, ANA  
5251 S.W. 154TH PLACE  
MIAMI, FL 33185

7. Name and Address of New Registered Agent  
Name Socarras Ana  
Street Address (P.O. Box Number is Not Acceptable)  
18987 SW 308 St.  
City Homestead FL Zip Code 33030

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]* Ana Socarras March 15, 2006  
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOCARRAS, ARMANDO 5251 S.W. 154TH PLACE MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCARRAS, ANA 5251 S.W. 154TH PLACE MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Socarras Armando 18987 SW 308 street Homestead, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Socarras Ana 18987 SW 308 street Homestead, FL 33030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *[Signature]* Ana Socarras VP March 15, 2006  
Signature and type or print name of signing officer or director Date Daytime Phone #