


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90015 032 ***150.00

DOCUMENT # P03000046579 1. Entity Name ALPHA & OMEGA CONCRETE AND FINISHING, INC.					
Principal Place of Business 3921 N. 68 AVE. HOLLYWOOD, FL 33024			Mailing Address 3921 N. 68 AVE. HOLLYWOOD, FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GONZALES, LAZARO 3921 N. 68 AVE. HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 36-2466580	
SIGNATURE: <i>Lazar G. Gonzalez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08312004 Chg-P CR2E034 (10/03)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				DATE: 8/31/04	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, LAZARO 3921 N. 68 AVE. HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INFANTE, LUIS 2814 S.W. 5 ST. MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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	
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	
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: <i>Lazar G. Gonzalez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 8/31/04 <small>Date</small>		

64004413



ATTACHMENT
24084419

ALPHA & OMEGA CONCRETE AND FINISHING, INC
3921 N. 68 AVE. HOLLYWOOD, FL 33024

TO: STATE OF FLORIDA
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

HERE BY WE CERTIFY, THAT WE NEVER RECEIVED THE FORMS FOR ANNUAL
REPORT FOR THE YEAR 2004 AND ON THIS BASE, WE REQUEST FROM YOU, TO
PLEASE, WAIVE THE PENALTY FOR LATE FILING AND ENCLOSED PLEASE FIND
COMPLETE FORM WITH CHECK PAYABLE TO YOUR ORDER FOR \$ 150.00.

CORPORATION NAME: ALPHA & OMEGA CONCRETE AND FINISHING, INC.

DOCUMENT NUMBER: P03000046579

THANKS.

SINCERELY YOURS,

Lazar Gonzalez
LAZARO GONZALEZ
PRESIDENT

NOTARY STATE OF FLORIDA, COUNTY OF

DADE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF AUGUST/04 BY LAZARO GONZALES

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION ☒ TYPE OF IDENTIFICATION Florida Driver license
PRODUCE Florida Driver license G 524-520-63-015-0

NOTARY SIGNATURE Margarita R. Quintana MY COMMISSION EXPIRES

