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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90148 030 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101730

1. Entity Name
FLORES CONCRETE, INC

Principal Place of Business	Mailing Address
17707 8TH STREET MONT VERDE, FL 34756	17707 8TH STREET MONT VERDE, FL 34756

40093845

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0585870

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, ALVARO
17707 8TH STREET
MONT VERDE, FL 34756

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FLORES, ALVARO
STREET ADDRESS	17707 8TH STREET
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	T
NAME	FLORES, ARMANDO
STREET ADDRESS	17707 8TH ST
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	S
NAME	TORRES, JOSEFINA
STREET ADDRESS	17707 8TH STREET
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Alvaro Flores 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #