2006 FOR PROFIT CURPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000022314 03-29-2006 90122 037 ***150.00 AJ CONCRETE FINISHING, CO. Principal Place of Business Mailing Address 50007088 14864 SW 35TH LN 14864 SW 35TH LN MIAMI, FL 33185 MIAMI, FL 33185 2. Principal Place of Business 3. Mailing Address . Frincipal Place of Business 57 CT. Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 CR2E034 (11/05) Cho-P City & State Hiak Eah City& State 4. FEI Number Applied For FLW. 27-0078584 Not Applicable Country US A \$8.75 Additional 5. Certificate of Status Desired 23016 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLOS GARCIA HIDALGO, AMAVRY É Street Address (P.O. Box Number is Not Acceptable) 14864 SW 35TH LN MIAMI, FL 33185 Zip Code 33016 IALEAH 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. the Oast 3-18-06 SIGNATURE ____ ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition HIDALGO, AMAVRY E NAME NAME STREET ADDRESS 14864 SW 35TH LN STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33185 CITY-ST-ZIP DRESIDENT TITLE ☐ Delete TITLE ☐ Change ☐ Addition JUAN CARLOS GARCIA 59,08 W. ALS CT. GARCIA, JUAN CARLOS NAME NAME STREET ADDRESS 14864 SW 35TH LN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP A LEAH, TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 repeiver or trustee impowered 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 addless, with all other like empowered. LUAN LARLOS GARCIA 3/18/06 786-487-7857 SIGNATURE:

FILED Mar 29, 2006 8:00 am

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