2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000137

1. Entity Name
GREGORY FINISH CONCRETE, INC



FILED Mar 19, 2007 08:00 A Secretary of State

<u></u>									
DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2085977	443 SW 19 TH AVENUE 44			443 SW 19 TH AVENUE					
A FEI Number 20-2086977									
Solution - So						03142007	No Chg-P	CR2E034 (1	1/05)
S. Certificate of Status Desired	DC	NOT WRI	re in th	HS SPA	CE.				Applied For
6. Name and Address of Current Registered Agent GARCIA, BERTHA 1943 SW 14 STREET MIAMI, FL 33145 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. SEQUEIRA, GREGORY H STREET ADDRESS 443 SW 19TH STREET DITY-SI-7P MIAMI, FL 33135 DO NOT WRITE 17. 2008 Fees 17. 2008 Fees 17. 2008 Fees 18. Election Campaign Financing Added to Pees 18. Election Campaign Financing Added to P									
GARCIA, BERTHA 1943 SW 14 STREET MIAMI, FL 33145 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIREC						5. Certificate	Di Status Desireu	Fee R	equired
MIAMI, FL 33145 IN THIS SPACE 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 state obligations of registered agent. SIGNATURE Greature, hybrid or person name of registered agent and the / socretiste. (INCTE Registered Agent agents are the name of the na		6. Name and Address of Cur	rrent Registered Age						
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 the obligations of registered agent. SIGNATURE Superior synthesis or printed name of registered agent and life if applicable. (NOTE Registered Agent agranular Note in ternature) DATE	943 SW 14 S	STREET						海道 经汇兑出额后	
THE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME SEQUEIRA, GREGORY H SAME SEQUEIRA, GREGORY H STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS ST			e e e e e e e e e e e e e e e e e e e						
SIGNATURE Signature typed or privide name of registered sperit and title 1 socicebile. (NOTE: Registered Agent signature required when referration) After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing			ent for the purpose of	changing its registe	red office or register	red agent, or bo	th, in the State of Flo	rida. I am familia	r with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS IIILE P	-		•			i			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees IIILE PAME SEQUEIRA, GREGORY H SEQUEIRA, GREGORY H MIAMI, FL 33135 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME	Sign	nature, typed or printed name of registered	seent and title of applicable.	(NOTE: Register	ed Agent signaturs required	d when reinstating)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOWIN FEE 13 \$ 130.00					.00 May Be led to Fees	0000006 03/27/07-8	30097-017	150.00
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME			AND DIRECTORS					Per Carl again dail	34.541446147 1 46
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	ME SI	EQUEIRA, GREGORY H 43 SW 19TH STREET	·						
NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME INTHIS SPACE INTHIS	LE ME EET ADDRESS	initial, 12 do la	. ,			3 0314200X			
SIREET ADDRESS CITY-ST-ZIP TITLE NAME	ME EET ADDRESS					DΟ	NOT W	RITE	
NAME	ME BEET ADDRESS			7		IN.	THIS SE	ACE	
CITY-ST-ZIP	ME REET ADDRESS			, ; ; ;					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ME BEET ADDRESS		. 10	1 44					

I neresy 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.

CICNATUDE	٥.

BIGHATURE AND TYPED OR PRINTED HAMPOF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #