

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000050408

1. Entity Name

WILBERT DESIGN STAMP CONCRETE CORP



Principal Place of Business

**3624 NE 3CT
HOMESTEAD, FL 33033**

Mailing Address

**8338 NW 7 ST APT 181
MIAMI, FL 33126**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2630698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, WILBERT
8338 NW 7 ST APT 181
MIAMI, FL 33126**

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed 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, 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 **P**
NAME **RODRIGUEZ, WILBERT P**
STREET ADDRESS **3624 NE 3 CT**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **V**
NAME **GOMEZ, SARA R**
STREET ADDRESS **3624 NE 3 CT**
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000944359
05/29/08-80055-025 150.00

X 03/31/08

X 305 216546