2008 FOR PROFIT CORPORATION ------

DOCUMENT # P.05000064303

1. Entity Name

AA STAMP CONCRETE FINISH INC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

6061 SW 20TH ST MIAMI, FL 33155

Mailing Address

6061 SW 20TH ST MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

03262008

No Chg-P

CR2E034 (11/05)

FEI Number
 73-1735166

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Certificate of Status L

Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, AMISADAY 6061 SW 20TH ST MIAMI, FL 33155

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

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 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000941037

24 150 cm

10. OFFICERS AND DIRECTORS TITLE ALVAREZ, AMISADAY NAME 6061 SW 20TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP ... TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. 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:

ATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

786-277-464

Daytime Phone