

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 017 ***150.00

DOCUMENT # P05000073544

1. Entity Name
J C CONCRETE DECORATION CORP



Principal Place of Business

**820 NW 30 AVE
MIAMI, FL 33125**

Mailing Address

**820 NW 30 AVE
MIAMI, FL 33125**

40122581



06122007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2862137

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

**ALFONSO, JUAN C
820 NW 30 AVE
MIAMI, FL 33125**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

1	P
NAME	ALFONSO, JUAN C
HOME ADDRESS	820 NW 30 AVE
CITY-STATE-ZIP	MIAMI, FL 33125
1	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
1	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
1	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
1	
NAME	
HOME ADDRESS	
CITY-STATE-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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/07

Date

786-332-0875

Daytime Phone #