## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P05000084378** 1. Entity Name FINEST CONCRETE, INC Mailing Address Principal Place of Business 213 HAYS DR 213 HAYS DR SANFORD, FL 32771 SANFORD, FL 32771

**FILED** Jul 06, 2007 8:00 am Secretary of State

04-19-2007 90199 004 \*\*\*150.00

66020100



DO	NOT	<b>WRITE</b>	IN	THIS	SPA	CE
UV.	1101	441711	11.4	11110	VI 7	$\sim$ $-$

06252007	No Chg-P	CR2E034 (11/05)
OOLULUU	no ong .	

Applied For 4. FEI Number 20-3024256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

RESENDIZ, JOSE R TORRES 104 AZALEA LN SANFORD, FL 32773

## 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							
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.  I/TLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIR PD RESENDIZ, JOSE R TORRES 104 AZALEA LN SANFORD, FL 32773	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS 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 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.							

SER, TORRES,
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2007-90199-004-\$150.00-\$150.00

			REPORT			_			
DOCU		# P05000084	378			\			
FINEST CONCRETE, INC				)	ATTACHMENT				
Principal Place of Business Mailing Address			Mailing Address						
213 HAYS D	R		213 HAYS DR	<del></del>					
SANFORD, FL 32771			SANFORD, FL 32771	SANFORD, FL 32771					
2 Principal P	lace of Busin	ness - No P.O. Boy #	3. Mailing Address			$ \int c dc$	0201	O(1)	
2. Principal Place of Business - No P.O. Box # 213 HAYS DR.		213 HAYS DR		4	10000				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06072007	Chg-P	CR2E034 (12/06)			
City & Stat		Florida	SAU FOR a	State Sauford florida		4. FEI Numb 20-302		<del>}</del>	pplied For of Applicable
3277	7/	Sectionale	Zip 3277/	Sel	icuole	5. Certificati	of Status Desired	S8.75 Add Fee Require	
	5. Name	and Address of Current	registered Agent		Name	7. Name an	d Address of New R	legistered Agent	
RESENDI		TORRES					<del></del>	.=	
104 AZALI SANFORE		73			Street Address	(P.O. Box Numb	per is Not Acceptable	e) 	
					City			FL Zip Cod	le
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Fk	orida. I am familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registerer	d Agent signature require	ed when reinstating)		DATE	<del></del>
761	I E NOW!	EEE 10 8450 00	9. Election Campa	ion Sono	voice #1	F 00			
Di		FEE IS \$150.00 Stember 14, 2007	Trust Fund Cont			5.00 May Be ided to Fees	corporation did	vith s. 607,193(2)(b), not receive the prior	notice.
10. MLE	TPD	OFFICERS AND (	DIRECTORS Delete	11. DILE		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR  Change	S IN 11
HAME	RESENDI	Z, JOSE R TORRES	C 0688	NAME				C Compr	_ ~200,1404
STREET ADDRESS CITY-ST-ZIP	104 AZAL SANFORI	.EA LN D. FL 32773	1		et adoress -St-Zip				i
1)TLE		·	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		C) Deligit		NAME	Į.	· -			
CITY-ST-ZIP	ļ				ET ADDRESS - ST- ZIP				
TITLE			☐ Odete	FITLE				☐ Change	☐ Addition
NAME STREET ADORESS				NAME STRET	ET ADDRESS				
CITY-ST-ZY				ÇITY-	ST-ZIP				
TITLE NAME			☐ Delete	TITLE				Change	Addition
STREET ADDRESS	ļ			STREE	ET ADDRESS				
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE NAME	!		Delete	TITLE	<b>1</b>			☐ Change	Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	<u></u>			CITY -	ST-ZIP				
iitle Name			C Oelete	TITLE	i			Change	☐ Add±ion
STREET ADDRESS					T ADDRESS				
CITY-ST-ZEP	L	<del></del>			ST-ZIP				
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 attacturent with an address, with all other like empowered.									