## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 01, 2007 08:00 AM Secretary of State **DOCUMENT # P05000096658** 1. Entity Name SANCHEZ CONCRETE REPAIR, INC. Principal Place of Business Marling Address 418 DOMINO DRIVE SOUTH **418 DOMINO DRIVE SOUTH** RUSKIN, FL 33570 **RUSKIN, FL 33570** 07272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3114591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, GABRIEL G DO NOT WRITE 418 DOMINO DRIVE SOUTH **RUSKIN, FL 33570** IN THIS SPACE 8. The above named enjity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept istered**/**agent. the obligations of FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS DPST TITLE SANCHEZ, GABRIEL G NAME 000000771088 STREET ADDRESS 418 DOMINO DRIVE SOUTH 08/01/07-80004-010 150.00 CITY-ST-ZIP **RUSKIN, FL 33570** TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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 employered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2+-07 813-645

Daytime Phone #

**FILED**