


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P05000157461	
<b>1. Entity Name</b> ART ON CONCRETE INC.	

<b>Principal Place of Business</b> 3168 NW 88 AVE SUITE 902 C SUNRISE FL 33351	<b>Mailing Address</b> 3168 NW 88 AVE SUITE 902 C SUNRISE FL 33351
---	---



<b>2. Principal Place of Business - No P.O. Box #</b> 3168 NW 88 AVE	<b>3. Mailing Address</b> 3168 NW 88 AVE
<b>Suite, Apt. #, etc.</b> SUITE 902C	<b>Suite, Apt. #, etc.</b> SUITE 902C
<b>City &amp; State</b> Sunrise, Florida	<b>City &amp; State</b> Sunrise, Florida
<b>Zip</b> 33351	<b>Country</b> U.S.A.

1st MOORE CR2E034 (10/06)

<b>4. FEI Number</b> 20-3838628	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, RENE A 3168 NW 88 AVE 902 C SUNRISE FL 33351	
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> N/A <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> FL <b>Zip Code</b>	

**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** N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P, <b>NAME</b> RODRIGUEZ, RENE A <b>STREET ADDRESS</b> 3168 NW 88 AVE SUITE 902 C <b>CITY-ST-ZIP</b> SUNRISE FL 33351	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 000000753813 05/24/07-80011-004 150.00 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> RODRIGUEZ, BEATRIZ M <b>STREET ADDRESS</b> 3168 NW 88 AVE SUITE 902 C <b>CITY-ST-ZIP</b> SUNRISE FL 33351	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> RODRIGUEZ, BEATRIZ M <b>STREET ADDRESS</b> 3168 NW 88 AVE SUITE 902 C <b>CITY-ST-ZIP</b> SUNRISE FL 33351	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the receiver or the receiver 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:** Rene A. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 4/30/07 **Daytime Phone #** 674/588-3223