


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90192 046 ***150.00

DOCUMENT # P06000067680 1. Entity Name FLORIDA CONCRETE DESIGNS INC					
Principal Place of Business 20200 SW 280 ST HOMESTEAD, FL 33031 US			Mailing Address 20200 SW 280 ST HOMESTEAD, FL 33031 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:			
City & State		City & State			
Zip		Country		Zip	
Country		4. FEI Number 20-4860258			
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINS, ALEX 20200 SW 280 ST HOMESTEAD, FL 33031			7. Name and Address of New Registered Agent Name ROBERT MARTINS Street Address (P.O. Box Number is Not Acceptable) 20200 J.W. 280 ST City HOMESTEAD FL Zip Code 33031		
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: <i>Robert P. Martins</i> (NOTE: Registered Agent signature required when re-registering) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINS, ALEXANDRE 20200 SW 280 ST HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, MICHAEL 20780 SW 240 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, ROBERT 20200 SW 280 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.D MARTINS, ALZIRA 20200 SW 280 ST HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, ROBERT 20200 SW 280 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, ROBERT 20200 SW 280 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, ROBERT 20200 SW 280 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D MARTINS, ROBERT 20200 SW 280 ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
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: <i>Michael P. Martins</i> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					
Date: Daytime Phone #:					