


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90113 016 \*\*\*150.00

<b>DOCUMENT # P06000087103</b>		
1. Entity Name OMAR CONCRETE PUMPING, INC		

Principal Place of Business 12830 SW 58TH LN MIAMI, FL 33183	Mailing Address 12830 SW 58TH LN MIAMI, FL 33183
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00004301

2. Principal Place of Business - No P.O. Box # <b>12830 SW 58TH LN</b>	3. Mailing Address <b>12830 SW 58TH LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>	4. FEI Number <b>20-5153473</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33183</b>	Country <b>MIAMI DADE</b>	Zip <b>33183</b>	Country <b>MIAMI DADE</b>

01092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  BATISTA, OMAR CORRALES 12830 SW 58TH LN MIAMI, FL 33183		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BATISTA, OMAR C ORRALES 12830 SW 58TH LN MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **01-09-07 (954) 297-8521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #