


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90054 036 \*\*\*150.00

**DOCUMENT # P06000151329**

1. Entity Name  
**JAO CONCRETE FINISH, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>9131 SW 147 CT<br>MIAMI, FL 33196 US | Mailing Address<br>9131 SW 147 CT<br>MIAMI, FL 33196 US |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip Country                                    | Zip Country         |

04112007 Chg-P CR2E034 (12/06)

4. FEI Number **20-8005450** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OLMO, JOSE**  
**9131 SW 147 CT**  
**MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | PVST            | <input type="checkbox"/> Delete |
| NAME           | OLMO, JOSE      |                                 |
| STREET ADDRESS | 9131 SW 147 CT  |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33196 |                                 |
| TITLE          | D               | <input type="checkbox"/> Delete |
| NAME           | OLMO, JOSE      |                                 |
| STREET ADDRESS | 9131 SW 147 CT  |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33196 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> Delete |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE: *[Signature]* 4-12-07 786 285 3690  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #