

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

08 SEP 17 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000037183					
1. Entity Name MARTINEZ FINISHED CONCRETE INC.					
Principal Place of Business 1760 WEST 1ST AVENUE HIALEAH, FL 33010 US			Mailing Address 1760 WEST 1ST AVENUE HIALEAH, FL 33010 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	4. FEI Number 20-8795452	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDEA AND ASSOCIATES SERVICE GROUP INC 20403 SUGARLOAF MOUNTAIN ROAD CLERMONT, FL 34715			7. Name and Address of New Registered Agent Name: OMAR MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 1760 W 1ST AVE City: HIALEAH FL Zip Code: 33010		
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>OMAR L MARTINEZ</i> OMAR MARTINEZ PRES. 9-10-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, OMAR L 1760 WEST 1ST AVENUE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400136161294 09/19/08--01049--015 **150.00 <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: <i>OMAR L MARTINEZ</i> OMAR MARTINEZ 9-10-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: Daytime Phone #		

110