2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 14, 2005 08:00 AM Secretary of State DOCUMENT # M55810 1. Entity Name H & J ASPHALT, INC. Principal Place of Business Mälling Address 4310 N.W. 35TH AVE MIAMI FL 33142-4323 4310 N.W. 35TH AVE MIAMI FL 33142-4323 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0024320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LORENZO, HUMBERTO 4310 N.W. 35 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE Delete HUMBERTO, LORENZO JR NAME MAME 1362 SW 99 TERR STREET ADDRESS U00000263600 STREET ADDRESS CHTY-ST-ZIP MIAMI FL 03/14/05-80101-007 158.75 CITY-ST-7IP SVP TITLE Change ☐ Addition Delete TITLE LORENZO, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 7891 SW 88 COURT CHY-ST-ZP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME SIRFLI ADDRESS STREET ADDRESS CITY-ST ZIP CITY: ST-7IP ☐ Delete Change Addition DILE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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 of 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 AND TYPE