


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 047 ***158.75

DOCUMENT # P01000002849

1. Entity Name
A & D PAVING, INC.



Principal Place of Business
**13327 SW 114 COURT
 MIAMI, FL 33176**

Mailing Address
**PO BOX 831775
 MIAMI, FL 33283-1775**

2. Principal Place of Business
12158 SW 114 Place

Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33176

Country
USA

Zip

Country



02042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**KORTH, ELIZABETH M
 7371 SW 114 PLACE
 MIAMI, FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD ALMAGUER, OSCAR 13327 SW 114 COURT MIAMI, FL 33176 <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	ST KORTH, ELIZABETH M 7371 SW 114 PLACE MIAMI, FL 33173 <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: Elizabeth M Korth **Elizabeth M Korth** 2/14/06 305 254 9028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #