

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000039915**  
 1. Entity Name  
 CAMARRA'S ASPHALT CONSTRUCTION, INC.



Principal Place of Business  
 1241 SW 34 AVE  
 DEERFIELD BEACH, FL 33442

Mailing Address  
 1241 SW 34 AVE  
 DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 02-0582619

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMARRA, PENNY J  
 491 NW 45 AVE  
 DEERFIELD, FL 33442

**DO NOT WRITE IN THIS SPACE**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARRA, PENNY JO 491 NW 45 AVE. DEERFIELD BEACH, FL 33442
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 04/04/07-80070-006 150.00

**DO NOT WRITE IN THIS SPACE**

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: Penny J. Camarra 3/21/07 984 975-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #