


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90225 025 \*\*\*150.00

DOCUMENT # P0300080060  
 1. Entity Name  
 RUBIO PAVERS, INC.



Principal Place of Business Mailing Address  
 5456 2ND AVE 5456 2ND AVE  
 FORT MYERS, FL 33907 FORT MYERS, FL 33907

24070226



2. Principal Place of Business 3. Mailing Address  
 3381 3rd AVE NW 3381 3rd AVE NW  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State City & State  
 NAPLES, FL NAPLES, FL  
 Zip Country Zip Country  
 34120 U.S.A. 34120 U.S.A.

4. FEI Number Applied For  
 20-0099768 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RUBIO, MAXIMO  
 5456 2ND AVE  
 FORT MYERS, FL 33907

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) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete
P	RUBIO, MAXIMO	5456 2ND AVE	FORT MYERS, FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	JUAN CARLOS RUBIO	5456 2ND AVE	FORT MYERS, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	ROMEO RUBIO	5456 2ND AVE	FORT MYERS, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	OSCAR RESENDIZ	5504 5th AVE	FORT MYERS, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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: Maximo Rubio  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_