2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90165 033 ***150.00

DOCUMENT # P05000064816

1. Entity Name
ADVANCED PAVERS GROUP INC

Principal Place of Business	Mailing Address
11300 NW 14TH COURT PEMBROKE PIINES, FL 33026	11300 NW 14TH COURT PEMBROKE PIINES, FL 33026

04032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
11979 S.W. 12TH ST		11979 S.W. 12TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PEMBROKE PINES FL		City & State: PEMBROKE PINES	
Zip 33025	Country USA	Zip 33025	Country USA

4. FEI Number 20-2772945 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

EXPRESS ACCOUNTING AND INCOME TAX SERVICES
760 W. SAMPLE ROAD
10
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name JOSE R. PINHEIRO
Street Address (P.O. Box Number is Not Acceptable)
11979 S.W. 12TH ST
City PEMBROKE PINES **FL** Zip Code 33025

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] 04-24-06
Signature, typed or printed name of registered agent and title if applicable. (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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PINHEIRO, JOSE R		NAME	
STREET ADDRESS	11300 NW 14TH COURT		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINE, FL 33026		CITY-ST-ZIP	
TITLE	~~VP~~	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~RODRIGUES, FILOMENA~~		NAME	
STREET ADDRESS	~~11300 NW 14TH COURT~~		STREET ADDRESS	
CITY-ST-ZIP	~~PEMBROKE PINE, FL 33026~~		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] PRESIDENT 04-24-06 (754) 423-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #