## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary or State					
DOCUMENT # P04000117221						03-28-2005 9	90078 03	31 ***150	0.00	
1. Entity Nam PAVEWA										
Principal Place of Business Mailing Address							50	0313	70	
15507 Granby Place Tampa, Fl. 33624 us		15507 GRANBY PLACE					00	0010	• •	
TAMPA, FL	33 <u>6</u> 24 US	TAMPA, FL 33624 US	)							
2. Principal P	Place of Business	3. Mailing Address								
928 E	11	4 th Ave	Đ				ILAU LIUUJUU DEAUULI IIIU	HINEH II ANEH		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		032	32005	Chg-P	CR2E0	34 (10/03)		
City & Stat		City & State			El Number			Ap	plied For	
Zip	Country	Tampa, E	Country		0-1	4804			t Applicable	
336	1Z USA	33612	USA	<b>5</b> . C	ertificate of	Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7. N	ame and A	ddress of New Re	egistered /	lgent		
FOX, MARK N						· · · · · · · · · · · · · · · · · · ·				
15507 GRA	ANBY PLACE		Street Ad	dress (P.O. Bo	ox Number	is Not Acceptable	)			
77 (1831 7 3)	L 00021									
			City				FL	Zip Cod	е	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or r	registered age	ent, or both,	in the State of Flo	rida. Lam	amiliar with,	and accept	
SIGNATURE										
O'GI TATOMES	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: P	Negistered Agent signature	e required when rai	nstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 M Added to F						
10.	OFFICERS AND D	DIRECTORS	11.	ADI	DITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	D FOX, MARK N	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	15507 GRANBY PLACE		STREET ADDRESS							
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP							
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TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
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STREET ADDRESS CITY+ST-ZIP	,	+ <del>+</del> + + - +	STREET ADDRESS CITY-ST-ZIP							
	certify that the information supplied with	this filling does not qualify for th	I	d in Section 1	19.07(3)(i),	Florida Statutes. I	lurther cer	tify that the in	nformation	

12. I heraby certify that the information supplied with this fitting 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: SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/23/05 Date

813-632-350

Mark N. Fox - President