2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 451697

Entity Name: HOMESTEAD PAVING CO.

Current Principal Place of Business:

14550 MABEL ST
NARANJA, FL 33032

New Principal Place of Business:

Current Mailing Address:

14550 MABEL ST
NARANJA, FL 33032

New Mailing Address:

FEI Number: 59-1552171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADAIR, PERRY
121 ALHAMBRA PLAZA
10TH FLR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: GONSALVES, DOMINGOS,
Address: 17100 SW 274 ST.
City-St-Zip: HOMESTEAD, FL

Title: STD (X) Delete
Name: GONSALVES, OTILIA,
Address: 17100 SW 274 ST.
City-St-Zip: HOMESTEAD, FL

Title: VD ( ) Delete
Name: RHODES, MICHAEL
Address: 14550 MABEL ST
City-St-Zip: NARANJA, FL 33032

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: RHODES, MICHAEL
Address: 14550 MABEL ST
City-St-Zip: NARANJA, FL 33032

Title: VP ( ) Change (X) Addition
Name: MANUEL, BARBOSA
Address: 14550 MABLE ST
City-St-Zip: NARANJA, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. RHODES PRES 02/05/2009

Electronic Signature of Signing Officer or Director — Date