


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 452003 1. Entity Name H & J PAVING CORP. |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business 4310 N.W. 35 AVE. MIAMI, FL 33142 US | Mailing Address 4310 N.W. 35 AVE. MIAMI, FL 33142 US |
|------------------------------------------------------------------------|------------------------------------------------------------|



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1539166

| |
|---------------|
| Applied For |
| Not Applicant |

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

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent LORENZO, HUMBERTO 4310 N.W. 35 AVE. MIAMI, FL 33142 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 | |
|----------------------------|-------------------|
| TITLE | PTD |
| NAME | LORENZO, HUMBERTO |
| STREET ADDRESS | 4310 N.W. 35 AVE. |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | D |
| NAME | LORENZO, MAGALY |
| STREET ADDRESS | 4310 N.W. 35 AVE. |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/12/06-80060-003 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humberto Lorenzo 4/25/06
Date Daytime Phone #