2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2006 08:00 AM Secretary of State **DOCUMENT # 485939** 1. Entity Name CASH PAVING CORP. Mailing Address Principal Place of Business 720 EAST 8TH STREET 720 EAST BTH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 04052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1647025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE **ORESTES C. RODRIGUEZ** 780 EAST 8TH STREET HIALEAH, FL 33010 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. 1 am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ORESTES C RODRIGUEZ NAME STREET ADDRESS 720 EAST 8TH STREET CITY-ST-ZIP HIALEAH, FL VP TITLE JAVIER RODRIGUEZ NAME -004 150.00 STREET ADDRESS 720 EAST 8TH STREET CHTY-ST-ZIP HIALEAH, FL ----NAME STREET ADDRESS **-DO NOT WRITE** CITY-ST-ZIP IIILE _IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting does not quality 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED