2006 FOR PROFIT CORPORATION ANNUAL REPORT:

FILED Feb 24, 2006 8:00 am Secretary of State

								Secretary of State				
DOCU 1. Entity Nam H & R PA	ne '	# 513070 ic.						02-24-2006 9	-			
Principal Plac	e of Busines	8	Mail	ing Address			٠					
Principal Place of Business 1955 N. W. 110 AVE MIAMI, FL 33172 US			19: MIA	1955 N. W. 110 AVE MIAMI, FL 33172 US		k f			ı Afbir bibit B	1881 8181 8181 617	1) 68 (68 (
2. Principal Place of Business			3. M	ailing Address								
Suite, Apt. #, etc.			Sı	ite, Apt. #, etc.		02092006	Chg-P	CR2E	034 (11/05)			
City & State			Ci	ty & State		4. FEI Numb 59-169			<u> </u>	pplied For ot Applicable		
Zip	Country			D	try	<u> </u>	of Status Desired	À	\$8.75 Add	ditional		
Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered	Agent		
GONZALEZ, LUERECIA 1955 NW 110 AVENUE MIAMI, FL 33172						Name Street Address	(P.O. Box Numb	er is Not Acceptable				
						City			FL	Zip Cod	ie	
8. The above the obligat	named entit	y submits this statement tered agent.	for the pur	rpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Flo		- 1	and accept	
SIGNATURE									DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Adde												
10.		OFFICERS AN	ID DIRECT	ORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE	P	7 DAH 10		Delete	TITLE	ŀ				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		EZ, RAUL JR. V. 110 AVE . 33172	•			et address -ST-ZIP						
TITLE	ST			☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		EZ, LUCRECIA V. 110 AVE L 33172				E ET ADDRESS -ST-ZIP						
TITLE		,		☐ Delete	TITLE	:				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-2IP			_	–		E Et address • St = Zip			5			
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NAME STREET ADDRESS CITY-ST-ZIP						ET ADORESS - ST-ZIP					•	
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NAME STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS						ET ADDRESS				_ ,		
12. I hereby of indicated	certify that the	e information supplied w	rith this filling	g does not qualify fo	r the exe	emptions containe	ed in Chapter 119	9, Florida Statutes. I	further cer	rtify that the in	nformation	
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 SIGNATURED ON PRINTED NAME OF SIGNING OF SIGNING OF PRINTED NAME OF SIGNING OF SIGNING OF PRINTED NAME OF SIGNING OF SIGN												



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

H & R PAVING, INC. 1955 N. W. 110 AVE MIAMI, FL 33172 US

SUBJECT: H&R-PAVING, INC.

Ref. Number: \$13070

We have received your check(s) totaling \$158.75; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR OPS

Letter Number: 406A00009873