2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # 688538 04-25-2007 90195 003 ***158.75 1. Entity Name COMMUNITY ASPHALT CORP. Principal Place of Business Mailing Address 40081374 14005 NW 186 ST 14005 NW 186 ST MIAMI, FL 33018-6451 US MIAMI, FL 33018-6451 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 59-2023298 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDESN, FL 33410 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE ☐ Delete TITLE Addition ☐ Change Morris, John 14005 NW 186 Street BEETLE, BRIAN NAME NAME STREET ADDRESS 14005 NW 186 ST STREET ADDRESS Hiakah, Fl 33018 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP ΛĎ TITLE ☐ Delete TITLE Change ☐ Addition garffer, Michael 14005 NW 186 Street GARFFER, MICHAEL NAME NAME STREET ADDRESS 14005 NW 186 ST STREET ADDRESS Hialeah, Fl 33018 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP TITLE AS AS Addition □ Delete TITLE Change Tedder, Tina 14005 NW 186 Street NAME BECKER, REID NAME STREET ADDRESS 14005 NW 186 ST STREET ADDRESS Hialeah, Fl 33018 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-7IP TITLE VØ ☐ Delete Change TITLE ☐ Addition Halley, Ignaciateet 14005 NW 186 Greet NAME HALLEY, IGNACIO NAME 14005 NW 186 ST STREET ADDRESS STREET ADDRESS Hialeah, Fl 33018 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP TITLE STE TITLE Delete Change ■ Addition Rios, George E 14005 N 186 Street NAME RIOS, GEORGE E NAME 14005 N STREET ADDRESS 14005 NW 186 ST STREET ADDRESS Hiakah,Fl 33018 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change FERNANDEZ, JOSE L NAME Herrera, Şı NAME 14005 NW STREET ADDRESS | 14005 NW 186 ST STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP Hialean, Fl I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental point 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.

George Rios

SIGNATURE:

SIGNATURE A

PED OR PRINTED NAME OF SIGN

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

	ANNUAL	. REPORT						
1. Entity Nan	MENT #688538 PARTY ASPHALT CORP.	- "			. 10.0			
Principal Place of Business 14005 NW 186 ST MIAMI, FL 33018-6451 US		Mailing Address 14005 NW 186 ST MIAMI, FL 33018-6451 US		7	2ND Page			
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Principal Place of Business - No P.O. Box # Mailing Address					0001	214 .	s í	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 59-202			oplied For	
Zip	Country Zip		Country		of Status Desired	□ \$8.75 Add	ditional	
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New F	Fee Require Registered Agent	:0	
			Name					
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDESN, FL 33410			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			₽ I Zip Coo		
The above named entity submits this statement for the purpose of changing its register				registered agent, or bot	FL			
	tions of registered agent.					,		
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent signatu	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
MILE	AS	☐ Delete	TITLE	D		☐ Change	Addition	
NAME	1		NAME	111 1111 12/2 54				
STREET ABORESS	14005 NW 186 ST HIALEAH, FL 33018		STREET ADDRESS CITY-ST-ZIP	Hiakah, FI	3301B			
TITLE	VD	□ Delete	TITLE	D	333.0	☐ Change	Addition	
NAME	GARFFER, MICHAEL	L1 belete	NAME	AGU110, Artl 14005 NW 1	iro .		Audition	
STREET ADDRESS	14005 NW 186 ST			14005 NW 1	86 St			
CITY-ST-ZIP	HIALEAN FL 33018		CITY-ST-ZIP	Hiakah, F	33018			
TITLE NAME	AS BECKER, REID	☐ Delete	TITLE NAME	D Marin, Fran	visco	☐ Change	Addition	
STREET ADDRESS	14005 NW 186 ST		STREET ADDRESS	14005 NW	186 St			
CITY-ST-ZIP	HIALEAH, FL 33018		CITY-ST-ZIP	Hialaah, Fl	33018			
TITLE	VD	☐ Delete	TITLE	D	miom	Change	Addition	
NAME STREET LODGESS	HALLEY, IGNACIO		NAME	Esteban, Ig 14005 NW	86 Stre	2171176Z		
STREET ADDRESS CITY+ST-ZIP	14005 NW 186 ST HIALEAH, FL 33018		STREET ADDRESS CITY-ST-ZIP	Hialeah, F	33018	. ,		
TITLE	STD	☐ Delete	TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition	
NAME STREET ADDRESS	RIOS, GEORGE E 14005 NW 186 ST		NAME STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP					
TITLE	PD	☐ Devete	TITLE	-		☐ Change	Addition	
NAME	FERNANDEZ, JOSE L		NAME					
STREET ADDRESS CITY+ST-ZIP	14605 NW 186 ST MIALEAH, FL 33018		STREET ADDRESS CITY-ST-ZIP					
indicated of the co	certify that the information supplied wit on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that my s cowered to execute this report as	sionature shall ha	ave the same legal effec	t as if made under	oath: that I am an office	r or director	
SIGNAT	URE:							
1	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #		