

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 003 ***158.75

DOCUMENT #688538

1. Entity Name
COMMUNITY ASPHALT CORP.



Principal Place of Business
**14005 NW 186 ST
MIAMI, FL 33018-6451 US**

Mailing Address
**14005 NW 186 ST
MIAMI, FL 33018-6451 US**

40081374



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
59-2023298

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDEN, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **AS** ☐ Delete
NAME **BEETLE, BRIAN**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **VP** ☐ Delete
NAME **GARFFER, MICHAEL**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **AS** ☐ Delete
NAME **BECKER, REID**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **VP** ☐ Delete
NAME **HALLEY, IGNACIO**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **ST** ☐ Delete
NAME **RIOS, GEORGE E**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, JOSE L**
STREET ADDRESS **14005 NW 186 ST**
CITY-ST-ZIP **HIALEAH, FL 33018**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME **Morris, John**
STREET ADDRESS **14005 NW 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **Garffer, Michael**
STREET ADDRESS **14005 NW 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

TITLE ☐ Change ☒ Addition
NAME **AS Tedder, Tina**
STREET ADDRESS **14005 NW 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **Halley, Ignacio**
STREET ADDRESS **14005 NW 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **ST Rios, George E**
STREET ADDRESS **14005 N 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

TITLE ☐ Change ☒ Addition
NAME **AS Herrera, Susana**
STREET ADDRESS **14005 NW 186 Street**
CITY-ST-ZIP **Hialeah, FL 33018**

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

George Rios

4/5/07

Date

(305) 829-0700

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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2ND Page

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TITLE NAME	AS BEETLE, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	VD GARFFER, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	AS BECKER, REID	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	VD HALLEY, IGNACIO	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	STD RIOS, GEORGE E	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE NAME	PD FERNANDEZ, JOSE L	<input type="checkbox"/> Delete
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	HIALEAH, FL 33018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D Bravar, Laura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE NAME	D Aguilo, Arturo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE NAME	D Marr, Francisco	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14005 NW 186 ST	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE NAME	D Esteban, Ignacio Martinez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14005 NW 186 Street	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #