## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nan	MENT # 823871  PAVING CORPORATION		·			04-25-2008 9	0129 03	32 ***158	.75
Principal Plac	ce of Business	Mailing Address			1				
3800 NORTH 29TH AVE		3800 NORTH 29TH AVE							
HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020			)20 U:						
Principal Place of Business - No P.O. Box #     3. Mailing Address					_				
Principal Place of Business - No P.O. Box #     Mailing Address					110   1101   1214   1414   156		LIF BIBIN BIBIN BIBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State		4. FEI Number 23-1635	137		<u> </u>	plied For	
Zip	Zip Country		Zip Country		<u> </u>	f Status Desired	<b>T</b>	\$8.75 Add	litional
	6. Name and Address of Current	Pagistored Agent	<u> </u>	1		Address of New R		Fee Required	d :
	o. Name and Address of Current	Registered Agent		Name	7. Haine and A	Address of New A	agistereu .	Agent	
ELKINS, HERBERT J. 4400 CASPER COURT			Street Address (P.O. Box Number is Not Acceptable)						
	DOD, FL 33021			direct nucleas (1.0. bux number is not neceptable)					
								7:0:4	
			City			FL	Zip Code	-	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it:	s register	ed office or registe	ered agent, or both	, in the State of Flo	orida. Iam	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent								
					A A CONTRACT A				
	Signature, typed or printed name or registered agent	and live if applicable. (NO	TE: Registere	ed Agent signature require	ed when reinstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa  Trust Fund Con	aign Finar	noing \$5	5.00 May Be ded to Fees				
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12. Thereby certify that the information supplied with this fling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier pent fifty freport 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 for trying 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 a gradualists, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

94-18-08 497

Daytime Phone