

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 20 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F00217</b> 1. Entity Name <b>PAVEX CORPORATION</b>					
Principal Place of Business <b>2501 NW 48TH STREET POMPANO BEACH, FL 33073</b>			Mailing Address <b>101 SANSBURY'S WAY PO BOX 15065 WEST PALM BEACH, FL 33416</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>DEFREHN, JOHN A. 101 SANSBURY WAY WEST PALM BEACH, FL 33416</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VECELLIO, LEO A JR. 210 VIA DEL MAR PALM BEACH, FL 33480 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center;"> <b>100108749891</b>  <b>08/23/07--01011--011 **61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRD, MERRITT C 3796 NW 79TH AVE CORAL SPRINGS, FL 33065 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, JAMES M. 5076 NW 84 ROAD CORAL SPRINGS, FL 33067 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIULIANI, PATRICK J 2501 NW 48TH STREET POMPANO BEACH, FL 33073 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEFREHN, JOHN A 6500 NORTH MILITARY TRAIL #14 WEST PALM BEACH, FL 33407 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STANLEY, BARRY K 2501 NW 48TH STREET POMPANO MEACH, FL 33073 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINDS, HAZEN P 12 RABBITS RUN PALM BEACH GARDENS, FL 33418 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <b>JOHN A. DEFREHN</b> <span style="float: right;">8/14/07 201-793-9400</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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8/22

ATTACHMENT  
40022952  
#FO217

2/2

VPD KATHRYN C. VERELLIO  
210 VIA DEL MAR  
PALM BEACH, FL 33480

VPD MICHAEL A VERELLIO  
232 WEST INDIES DRIVE  
PALM BEACH, FL 33480

VPD CHRISTOPHER S VERELLIO  
742 SLOPE TRAIL  
PALM BEACH, FL 33480

VP DAVID H BASHAW  
101 SANS BURGESS WAY  
WEST PALM BEACH, FL 33411

VP ROBERT J. SMITH  
115 CAPE POINT CIRCLE  
JUPITER, FL 33477