

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00217

FILED
Jan 27, 2009
Secretary of State

Entity Name: PAVEX CORPORATION

Current Principal Place of Business:

2501 NW 48TH STREET
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

101 SANBURY'S WAY
PO BOX 15065
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 59-2028249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFREHN, JOHN A.
101 SANBURY WAY
WEST PALM BEACH, FL 33416 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VECELLIO, LEO A JR.
Address: 210 VIA DEL MAR
City-St-Zip: PALM BEACH, FL 33480

Title: V (X) Delete
Name: BIRD, MERRITT C
Address: 3796 NW 79TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: AS () Delete
Name: GIULIANI, PATRICK J
Address: 2501 NW 48TH STEET
City-St-Zip: POMPANO BEACH, FL 33073

Title: ST () Delete
Name: DEFREHN, JOHN A
Address: 6500 NORTH MILITARY TRAIL #14
City-St-Zip: WEST PALM BEACH, FL 33407

Title: AS () Delete
Name: STANLEY, BARRY K
Address: 2501 NW 48TH STREET
City-St-Zip: POMPANO MEACH, FL 33073

Title: P () Delete
Name: HINDS, HAZEN P
Address: 12 RABBITS RUN
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: VECELLIO, LEO A JR.
Address: 589 N. COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: JAMES, ALLEN
Address: 2501 NW 48TH STREET
City-St-Zip: POMPANO MEACH, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A DEFREHN

ST

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date