2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07676

City-St-Zip:

MARGATE, FL 33063

Entity Name: TRIPLE NICKLE ASPHALT PAVING INC.

FILED Jan 17, 2005 Secretary of State

Littly Nai	ile. IKIFLET	NORLE ASPITALT PAVING, IN	O .		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3300 NW 2 POMPANO	27TH AVE D, FL 33069	US	1801 SW 42ND WAY DEERFIELD BEACH, FL	_ 33442 US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	IST STREET E, FL 33063		6009 NW 1ST STREET MARGATE, FL 33063	US	
FEI Number:	59-2421912	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MAGLIO, F 6009 N.W. MARGATE	RENEE 1ST STREET E, FL 33063	- US			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MAGLIO, DANI 6009 N.W. 1ST MARGATE, FL	「STREET	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MAGLIO, RENI 6009 NW 1ST MARGATE, FL	STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DSDT (BAKER, MICHI 6238 N.W. 1ST		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: MICHELENE BAKER DSDT 01/17/2005