

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020373

Entity Name: PAVCO INTERNATIONAL, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

300 S. PINE ISLAND ROAD
SUITE # 315
PLANTATION, FL 33324

Current Mailing Address:

P.O. BOX 19068
PLANTATION, FL 33318

New Principal Place of Business:

1844 N. NOB HILL ROAD
SUITE # 619
PLANTATION, FL 33322

New Mailing Address:

1844 N. NOB HILL ROAD
SUITE # 619
PLANTATION, FL 33322

FEI Number: 65-1157784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRESPO, CARLOS M PDS
300 S. PINE ISLAND ROAD
SUITE # 315
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CRESPO, CARLOS M PDS
1844 N. NOB HILL ROAD
SUITE # 619
PLANTATION, FL 33322 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRESPO, CARLOS M MGRM
Address: 300 S. PINE ISLAND ROAD, SUITE # 315
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRESPO, CARLOS M MGRM
Address: 1844 N. NOB HILL ROAD, SUITE # 619
City-St-Zip: PLANTATION, FL 33322

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS MAX CRESPO

PDS

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date