2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 24, 2007 08:00 AN Secretary of State

OCUMENT	#	L050000	5931	3
E-64 Al				

Entity Name
 PAVERS "R" US, LLC

Principal Place of Business

Mailing Address

15048 SW 173ST TERRACE MIAMI, FL 33187 15048 SW 173ST TERRACE MIAMI, FL 33187



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2174103 Applied For Not Applicable

5. Certificate of Status Desired

如

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIETO, ERNESTO E 15048 SW 173ST TERRACE MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

- (NOTE: Flegistered Agent signature required when reinstating)

G/17

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAĞİNG MEMBERS/MANAGERS			
TIFLE MAME STREET ADDRESS CITY-ST-ZIP TIFLE MAME STREET ADDRESS CITY-ST-ZIP	MGR PRIETO, ERNESTO E 15048 SW 173ST TERRACE MIAMI, FL 33187 MGRM QUARANTA, NICHOLAS 9902 NW 27TH ST MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CXTY-ST-ZIP			
TITLE NAME SIREFT ADDRESS CITY-SI-ZIP			

U00000600499 01/26/07-80013-005 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/07 (786) 344-062

Date

Daytime Phone if