

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L61978

1. Entity Name
J.E. PAVERS, INC.



Principal Place of Business

12315 SW 133 CT
MIAMI, FL 33186

Mailing Address

12315 SW 133 CT
MIAMI, FL 33186

FILED

05 JUL -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0200078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE OVIN, MANUEL
18336 SW 136TH COURT
MIAMI, FL 33177

**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 office if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DE OVIN, MANUEL
18336 SW 136TH CT.
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DE OVIN, SILVIA
18336 SW 136TH COURT
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100057478441
07/14/05--01070--002 **450.00

**DO NOT WRITE
IN THIS SPACE**

6/7/12

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 6-16-05 (305) ✓ 238.5565
Date Daytime Phone #