2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000046414

1. Entity Name
C-K ENTERPRISE & PAVERS, INC.

Principal Place of Business	Mailing Address
1862 NW 21 ST POMPANO BEACH, FL 33069	1862 NW 21 ST POMPANO BEACH, FL 33069

2. Principal Place of Business
11233 W ATLANTIC BLVD
Suite, Apt. #, etc.
#101
City & State
CORAL Springs, FLA
Zip 33071 Country USA

3. Mailing Address
C-K ENTERPRISE PAVERS INC
Suite, Apt. #, etc.
P.O. BOX 771688
City & State
CORAL SPRINGS, FL
Zip 33077 Country USA

02082006   Chg-P   CR2E034 (11/05)

4. FEI Number
65-0711892
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUKER & DUKER 2832 UNIVERSITY DR. POMPANO BEACH, FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.		11.	
TITLE PSTD NAME KLEE, FLORENCE V STREET ADDRESS 1862 NW 21 ST CITY-ST-ZIP POMPANO BEACH, FL 33069 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Florence Klee_   2/13/06   954-691-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #