## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED .... Jan 31, 2004 08:00 AM **DOCUMENT # P01000017717 Secretary of State** 1. Entity Name RUIZ PAVERS, INC. Mailing Address Principal Place of Business 5302 WALLAC ERD LOT 56 5302 WALLAC ERD LOT 56 PLANT CITY, FL 33567 PLANT CITY, FL 33567 No Chg-P CR2E034 (10/03) 01202004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3698686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUIZ GUILLERMO, EUSEBIO DO NOT WRITE 5302 WALLAC ERD LOT 56 PLANT CITY, FL 33567 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD THUE RUIZ GUILLERMO, EUSBIO NAME 5302 WALLAC ERD LOT 56 STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 U00000024133 02/02/04-80053-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TATLE NAME STREET ADDRESS CITY -ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

727 535 -419

Daytime Phone #