## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000041652

Title:

Name:

Address:

City-St-Zip:

( ) Delete

TEIXEIRA, PATRICIA

3512 BEAU CHENE DR

KISSIMMEE, FL 34746

FILED Jun 30, 2005 Secretary of State

Entity Nan	ie: Signatu	IRE DESIGN PAVING CORPO	DRATION				
Current Principal Place of Business:				New Principal Place of Business:			
3512 BEAU CHENE DR KISSIMMEE, FL 34746				2011 DUNDEE RD WINTER HAVEN, FL 33884			
Current Mailing Address:				New Mailing Address:			
	CHENE DR E, FL 34746			2011 DUNDEE RD WINTER HAVEN, FL 33884			
FEI Number:	04-3606545	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status	s Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MALDONADO, PAULA 3512 BEAU CHENE DR KISSIMMEE, FL 34746 US							
The above in the State		submits this statement for the	purpose o	f changing it	s registered	office or registered	agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	ot receive t	he prior notice	).		
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	PSTD () MALDONADO, 3512 BEAU CI KISSIMMEE, FI	HENE DRIVE		Title: Name: Address: City-St-Zip:	PSTD (X MALDONADO 3512 BEAU ( KISSIMMEE, I	CHENE DRIVE	
Title: Name: Address: City-St-Zip:	V (X) DA SILVA, CAR 3512 BEAU CI KISSIMMEE, FI	HENE DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAULA MALDONADO **PSCD** 06/30/2005

() Change () Addition