

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/10/2006-90224-001-\$150.00-\$150.00 *

5/10/2006-90224-002-\$8.75-\$8.75

FILED

06 JUN 26 AM 8:13



1st MOORE CR2E034 (10/05)

DOCUMENT # P01000102502 1. Entity Name GROUP AZTECA PAVERS, INC.					
Principal Place of Business 6800 LANDING DR #5-207 LAUDERHILL FL 33319			Mailing Address 6800 LANDING DR #5-207 LAUDERHILL FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1148923	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HUERTA, FRANCISCO 6800 LANDING DR #5-207 LAUDERHILL FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent's signature required when resigning)					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	O	NAME	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		HUERTA, FRANCISCO		NAME	
STREET ADDRESS		6800 LANDING DR #5-207		STREET ADDRESS	
CITY- ST- ZIP		LAUDERHILL FL 33319		CITY- ST- ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: _____ Day-Month-Phone #	

(954) 687-5826