2007 FOR PROFIT CORPORATION... ... ANNUAL REPORT (AR)

FILED Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P01000106574 1. Entity Name C.S.E. PAVING OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 1395 N.W. 17TH AVENUE, STE, 114 1395 N.W. 17TH AVENUE, STE, 114 **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 02-0535960 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARDEN, STEPHEN Stroot Address (P O Box Number is Not Acceptable) 1395 N.W. 17TH AVENUE, STE, 114 DELRAY BEACH FL 33445 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Change ■ Addition 11[11 Delete utu WARDEN, STEPHEN NAML NAMI 1395 N.W. 17TH AVENUE, STE, 114 U00000745248 STREET ADDRESS STREET ADDRESS 05/16/07-80020-022 150.00 DELRAY BEACH FL 33445 CHY-ST-ZIP CHY-SI-ZIP ☐ Addition [] Change ☐ Delete HITTE NAMI NAMI STREET ADORESS SIDELL ADDRESS CHIY-S1-7/P CHY-SL-74P Change □ Adddion HILE ☐ Delete NAM NAME STREET LADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11118 Dclcle THE ☐ Change ☐ Addition NAME NAMI STRUET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7IP firit' ☐ Delete MILE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change TITLE Delete 11111 Addition NAMI NAME STRILL LADORESS STREET ADDRESS CITY - ST - 7JP CITY - ST - ZIP I horoby certify that the information supplied with this filling 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 efficer 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 empowere