


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90343 011 \*\*\*150.00

<b>DOCUMENT # P02000028170</b> 1. Entity Name <b>NEW CONCEPT IN PAVERS INC.</b>					
Principal Place of Business <b>191 NW 97 AVENUE APT. 211 MIAMI, FL 33172</b>			Mailing Address <b>191 NW 97 AVENUE APT. 211 MIAMI, FL 33172</b>		
2. Principal Place of Business <b>7790 SW 90th Street</b>		3. Mailing Address <b>7790 SW 90th Street</b>			
Suite, Apt. #, etc. <b>M-10</b>		Suite, Apt. #, etc. <b>M-10C</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>03-0407191</b>	
Zip <b>33156</b> Country <b>USA</b>		Zip <b>33156</b> Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ZUNIGA-FRANCO, LUZ E 191 NW 97 AVENUE APT. 211 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUNIGA FRANCO, LUZ F 191 NW 97 AVENUE APT. 211 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIDAL GARCIA, EDGAR D 191 NW 97 AVENUE APT. 211 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> _____			04/26/04 (786) 556-4239		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		