


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90010 031 \*\*\*150.00

<b>DOCUMENT # P02000041513</b>	
1. Entity Name <b>CARDONA'S PAVERS CORPORATION</b>	

Principal Place of Business <b>8120 NW 32ND AVE. MIAMI, FL 33147</b>	Mailing Address <b>4315 NW 7TH ST #40 MIAMI, FL 33126</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4315 NW 7th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 37-B</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
		<b>33126</b>	<b>USA</b>

400010000



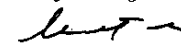
01132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0668246</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CARDONA, CRISTOBAL H 4315 NW 7TH ST #40 MIAMI, FL 33126</b>	

7. Name and Address of New Registered Agent	
Name: <b>Cardona, Cristobal H</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4315 NW 7th Street</b>	
<b>Suite 37-B</b>	
City <b>Miami</b>	FL Zip Code <b>33126</b>

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 <b>2-2-07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDONA, CRISTOBAL 4315 NW 7TH ST STE. 40 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, EFRAIN J 4315 NW 7TH ST. STE. 40 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ARNULFO 4315 NW 7TH ST., STE. 40 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cardona, Cristobal H 4315 NW 7th Street #37-B Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Espinosa, Efrain J 4315 NW 7th Street #37-B Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	DATE <b>2-2-07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	