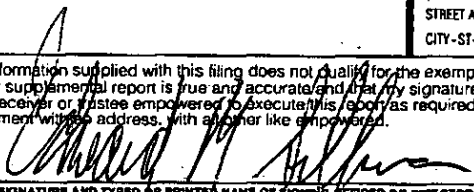


2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/16/

FILED
Sep 14, 2004 8:00 am
Secretary of State

08-16-2004 90014 008 ***150.00

DOCUMENT # P03000029747					
1. Entity Name S.G.S. PAVERS, INC.					
Principal Place of Business 5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437			Mailing Address 5633 MARSEILLES PORT LANE BOYNTON BEACH, FL 33437		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	PSD	☐ Delete			
NAME	SULLIVAN, EDWARD M JR				
STREET ADDRESS	5633 MARSEILLES PORT LANE				
CITY-ST-ZIP	BOYNTON BEACH, FL 33437				
TITLE	VTD	☒ Delete			
NAME	GIORDANO, IGNASIO				
STREET ADDRESS	5633 MARSEILLES PORT LANE				
CITY-ST-ZIP	BOYNTON BEACH, FL 33437				
PLEASE REMOVE					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
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 the address, with another like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING OFFICER OR DIRECTOR					
Date 9-1-04 Daytime Phone # 564-436-7276					

66433625



08132004 Chg-P CR2E034 (10/03)

4. Filing Number **06-1682986** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required