2008 FOR PROFIT CORPORATION _ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000071025

 Entity Name CHALKER PAVING, INC.



FILED Apr 10, 2008 08:00 All Secretary of State

Principal Place of Business

19355 SW 236 ST HOMESTEAD, FL 33031 Mailing Address

19355 SW 236 ST HOMESTEAD, FL 33031



03132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2676676

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHALKER, DAVID S 19355 SW 236 ST HOMESTEAD, FL 33031

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			1	' I see that a see	- Egg
	named entity submits this statement for the pains of registered agent.	purpose of changing its registers	ed office or registered agent, or	r both, in the State of Florida. I an	i familiar with, and accept
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	d Agent signature required when reinstating	DATE	
FILE NOW!!! FEE IS \$150.00 * After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	, U00000888441 04/22/08-80014-	
10.	OFFICERS AND DIREC	CTORS	<u> </u>		Eliza Tegrita
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CHALKER, DAVID S 19355 SW 236 ST HOMESTEAD, FL 33031		A Committee of the Comm		
NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPAC	

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08 3052487SS