


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG -6 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000118930		
1. Entity Name PAULO'S PAVING COMPANY		

Principal Place of Business 4731 CASON COVE DR. 1315 ORLANDO, FL 32811	Mailing Address 4731 CASON COVE DR. 1315 ORLANDO, FL 32811
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2. Principal Place of Business 1073 S KIRKMAN RD Suite, Apt. #, etc. 175	3. Mailing Address Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State
Zip 32811	Country


07142004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0219918	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE ARRUDA, PAULO R 4731 CASON COVE DR. 1315 ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name PAULO R. DE ARRUDA Street Address (P.O. Box Number is Not Acceptable) 1073 S KIRKMAN RD #175 City ORLANDO FL Zip Code 32811
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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
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE ARRUDA, PAULO R 4731 CASON COVE DR. APT. 1315 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S.T. DE ARRUDA, PAULO R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1073 S KIRKMAN RD #175 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200040222302 08/16/04--01074--002 **\$500.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(f), 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	Daytime Phone #
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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2004, or any other notice from the Division of Corporations in respect with the Corporation **PAULO'S PAVING COMPANY**

Thank you for your courtesy in this matter.



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**PAULO R. DE ARRUDA**  
**PRESIDENT**