

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 008 ***150.00

DOCUMENT # P04000071043					
1. Entity Name JL PAVERS, INC.					
Principal Place of Business 955 AIRPORT RD APT 1211 DESTIN, FL 32541 US			Mailing Address 955 AIRPORT RD APT 1211 DESTIN, FL 32541 US		
2. Principal Place of Business 955 AIRPORT RD Suite, Apt. #, etc. apt #1712 City & State DESTIN, FL Zip 32541 Country USA			3. Mailing Address 955 AIRPORT RD Suite, Apt. #, etc. apt #1712 City & State DESTIN, FL Zip 32541 Country USA		
4. FEI Number 16-1699124			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE SOOZA, TIAGAO 211-D MAIN ST DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <u>DE SOUZA, TIAGO</u> Street Address (P.O. Box Number is Not Acceptable) <u>106 Benning Dr.</u> <u>Suite 8</u> City <u>Destin</u> FL Zip Code <u>32541</u>		
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 <u>[Signature]</u> DATE <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIMENTEL, CARLOS A 955 AIRPORT RD, APT 1211 DESTIN, FL 32541	<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
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/06 (850) 699-9024</u> <small>Daytime Phone #</small>		