

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101237

FILED  
Sep 23, 2009  
Secretary of State

Entity Name: CHIRO'S PAVER CORPORATION

**Current Principal Place of Business:**

11893 SW 56 ST  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

11893 SW 56 ST  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 20-2155407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FONTE, MARIA ISABEL  
11893 SW 56 ST  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FONTE, MARIA ISABEL  
Address: 11893 SW 56 ST  
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete  
Name: FONTE, EVERARDO  
Address: 11893 SW 56 ST  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ISABEL FONTE

D

09/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date