

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000127701</b>			
<b>1. Entity Name</b> FLAMINGO PAVERS, INC.			
<b>Principal Place of Business</b> 409 ANNA STREET DESTIN, FL 32541 US		<b>Mailing Address</b> 409 ANNA STREET DESTIN, FL 32541 US	
<b>2. Principal Place of Business</b> 289 TROPICAL WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 289 TROPICAL WAY Suite, Apt. #, etc.	
<b>City &amp; State</b> FREEPORT - FL Zip: 32439 Country: USA		<b>City &amp; State</b> FREEPORT - FL Zip: 32439 Country: USA	
<b>4. FEI Number</b> 20-1603392		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOARES, ALBERTO M JR 409 ANNA STREET DESTIN, FL 32541		<b>7. Name and Address of New Registered Agent</b> Name: ALBERTO M. SOARES, JR. Street Address (P.O. Box Number is Not Acceptable): 289 TROPICAL WAY City: FREEPORT FL Zip Code: 32439	
<b>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.</b> SIGNATURE:  DATE: 05-01-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE: P.D NAME: SOARES, ALBERTO M JR STREET ADDRESS: 409 ANNA STREET CITY-ST-ZIP: DESTIN, FL 32541	<input type="checkbox"/> Delete		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE: PRESIDENT NAME: ALBERTO M. SOARES, JR. STREET ADDRESS: 289 TROPICAL WAY CITY-ST-ZIP: FREEPORT - FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
<b>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.</b>			
<b>SIGNATURE:</b>		- ALBERTO M. SOARES, JR. 05-01-06 850-598-0118	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04232006 Chg-P CR2E034 (11/05)