

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157580

Entity Name: ALL STAR PAVERS INC.

FILED  
May 07, 2008  
Secretary of State

## Current Principal Place of Business:

5030 S.W. 168TH AVENUE  
SOUTHWEST RANCHES, FL 33331

## New Principal Place of Business:

6951 E WEDGEWOOD AVE  
DAVIE, FL 33331

## Current Mailing Address:

5030 S.W. 168TH AVENUE  
SOUTHWEST RANCHES, FL 33331

## New Mailing Address:

6951 E WEDGEWOOD AVE  
DAVIE, FL 33331

FEI Number: 11-3733335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLACK, TIMOTHY A  
5030 S.W. 168TH AVENUE  
SOUTHWEST RANCHES, FL 33331 US

## Name and Address of New Registered Agent:

SLACK, TIMOTHY A  
6951 E WEDGEWOOD AVE  
DAVIE, FL 33331 US

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:

05/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SLACK, TIMOTHY A  
Address: 5030 SW 168TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VPS ( ) Delete  
Name: SLACK, ROSEMARY  
Address: 5030 SW 168TH AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SLACK, TIMOTHY A  
Address: 6951 E WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

Title: VPS (X) Change ( ) Addition  
Name: SLACK, ROSEMARY  
Address: 6951 E WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

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: TIMOTHY A SLACK

PRES

05/07/2008

Electronic Signature of Signing Officer or Director

Date