## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060551

Entity Name: CLEVER PAVERS, INC.

**FILED** Sep 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1506 N. SANTA BARBARA BLVD. 1506 SANTA BARBARA BLVD. N CAPE CORAL, FL 33993 CAPE CORAL, FL 33993

**Current Mailing Address: New Mailing Address:** 

1506 N. SANTA BARBARA BLVD. 1506 SANTA BARBARA BLVD. N CAPE CORAL, FL 33993 CAPE CORAL, FL 33993

FEI Number: 20-2743026 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TAX HOUSE CORPORATION 1261 E. SAMPLE RD. POMPANO BEACH, FL 33064 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:

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: (X) Change ( ) Addition

MENDES, WALDIR JR. MENDES JR, WALDIR Name: Name: 2727 COLONIAL BLVD., UNIT 204 1506 SANTA BARBARA BLVD. N Address: Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: CAPE CORAL, FL 33993

Title: VD Title: VD (X) Change ( ) Addition () Delete

Name: RAGGI. STEPHANIE Name: RAGGI, STEPHANIE

2727 COLONIAL BLVD., UNIT 204 1506 SANTA BARBARA BLVD. N Address: Address: FT. MYERS, FL 33907 CAPE CORAL, FL 33993 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete SD

MARCOS VINICIUS DE M, EDEIROS MEDEIROS, MARCOS V Name: Name: 2727 COLONIAL BLVD., UNIT 204 1506 SANTA BARBARA BLVD. N Address: Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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: WALDIR MENDES JR. PDS 09/01/2006