

AMENDED **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

02-27-2006 90053 028 ***150.00
P05000079740

DOCUMENT # P05000079740 1. Entity Name MARCOS PAVERS DESIGN, INC.				 <div style="text-align: right;"> FILED 06 MAR -6 PM 12:58 TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 7583 SAVANNAH LANE LAKE WORTH, FL 33463-7901		Mailing Address 541 SOUTH STATE ROAD 7 STE 1 MARGATE, FL 33068			
2. Principal Place of Business 3900 MAX PLACE Suite, Apt. #, etc. 106		3. Mailing Address Suite, Apt. #, etc.		01052006 Chg-P CR2E034 (11/05)	
City & State BOYNTON BEACH, FLA.		City & State		4. FEI Number 33-1118270	
Zip 33436		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACEDO, MARCOS 7583 SAVANNAH LANE LAKE WORTH, FL 33463-7901				Name MARCOS MACEDO Street Address (P.O. Box Number is Not Acceptable) 3900 MAX PLACE #106 BOYNTON BEACH, City FLORIDA FL Zip Code 33436	
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 <i>Marcos P. Macedo</i> MARCOS MACEDO DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DP MACEDO, MARCOS 7583 SAVANNAH LANE LAKE WORTH, FL 334637901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Marcos P. Macedo</i> MARCOS MACEDO Date 561-756-4242					