AMENDED

2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

FILED

DOCUMENT # P05000079740 1. Entity Name MARCOS PAVERS DESIGN, INC.								ŧ	06 MAR		12: 58	
Principal Place of Business Maifing Address 7583 SAVANNH LANE 541 SOUTH STATE ROAD 7 LAKE WORTH, FL 33463-7901 MARGATE, FL 33068						E 1	<u> </u>	112000	TALLAHA	- 11	SIATE LONDA	
2. Principal F	Place of Busin	PLACE		3. Mailing Address								
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			01052000	6 Chg-P	CR2E	(11/05)		
BOYNTON BRACH, FLA.				City & State				4. FEI Num	111827	70	<u> </u>	pplied For of Applicable
33436		Country	<u> </u>	Zip	Coun	itry			to of Status Desire		\$8.75 Add Fee Require	
	6. Name	and Address of	Current Regis	stered Agent		Name	<u>-</u>		d Address of Ne		Agent	
MACEDO, MARCOS 7583 SAVANNH LANE						Street A	ddross (I	PRCOS O Box Nun	hber is Not Applyte		+106	
LAKE WORTH, FL 33463-7901							Boy	uТот	BEACIT.	7106	7101	Z
						City	FLO	RIDA.		F	L 723	36
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Someone hand or mind name of registered agent and tide if applicable. (NOTE: Registered Agent spranter required when refreshing) DATE												
FIL After M	E NOW!!! lay 1, 200	FEE IS \$150 6 Fee will be	.00 \$550.00	Election Campai Trust Fund Contr			\$5. Add	00 May Be ed to Fees			_	_
10.	I	OFFICE	RS AND DIREC		11.		,	ADDITION	S/CHANGES TO C	FFICERS AN		
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12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	XXX	MARCOS	MACEDO	Maras !	mando	561-756-4742
			WITER MARKE OF SICHING OFF	CET OR DIRECTOR	Date	Doubles Door d