2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2/1 **Mar 12, 2007 8:00 am**
Secretary of State
02-19-2007 90052 022 ***150.00

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02082007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000167355

1. Entity Name
MARCELO PAVERS , INC

Principal Place of Business	Mailing Address
325 W TROPICAL TRACE JACKSONVILLE, FL 32259	325 W TROPICAL TRACE JACKSONVILLE, FL 32259

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14901 Bulow Creek DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32258 Country: US	Zip Country

4. FEI Number 57-1227220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERREROS, GONZALO F 325 W TROPICAL TRACE JACKSONVILLE, FL 32259	Name: Herreros Gonzalo F Street Address (P.O. Box Number is Not Acceptable): 14901 Bulow Creek Dr City: Jacksonville **FL** Zip Code: 32258

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P HERREROS, GONZALO F 325 W TROPICAL TRACE JACKSONVILLE, FL 32259	☐ Delete	P Herreros Gonzalo F 14901 Bulow Creek Dr Jacksonville, FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERREROS, RODRIGO C 396 SPARROW BRANCH CIRCLE JACKSONVILLE, FL 32259	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR HERREROS, HERNAN H 8550 TOUCHTON ROAD # 1612 JACKSONVILLE, FL 32216	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: GH _____ 02-09-07 904-868-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #