2007 FOR PROFIT CORPORATION

SIGNATURE:

Mar 14, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P95000047313** 03-14-2007 90039 032 ***150 00 ASPHALT MARKETING SERVICES, INC. Principal Place of Business Mailing Address 40006143 **4310 NW 35 AVENUE** 4310 NW 35 AVENUE MIAMI, FL 33142 MIAMI, FL 33142 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0591352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORENZO, HUMBERTO DO NOT WRITE 4310 NW 35 AVENUE MIAMI, FL 33142 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LORENZO, HUMBERTO NAME STREET ADDRESS 4310 NW 35 AVENUE CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CłTY-ST-ZIP 12. I hereby 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 trusted employered 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.

ME OF RIGHING OFFICER OR DIRECTOR

FILED

Daytime Phone #