

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 019 ***150.00

DOCUMENT # P97000025547

1. Entity Name

ATLANTIC PAVING CO., INC.



Principal Place of Business

8309 NW 70 STREET
MIAMI FL 33166

Mailing Address

8309 NW 70 STREET
MIAMI FL 33166



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0737990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

CORPWIZ REGISTERED AGENTS, INC.
8750 NW 36 ST SUITE 220
DORAL FL 33178

7. Name and Address of New Registered Agent

Name Robert E Ferencak JR
Street Address (P.O. Box Number is Not Acceptable) 150 S Pine Island Rd Ste 400
City FL 33324

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: Registered Agent signature required when reinstating)

DATE

2/28/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STILL, RICHARD A SR.
STREET ADDRESS 21202 SWEETWATER LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE TD ☐ Delete
NAME STILL, JUNE F
STREET ADDRESS 21202 SWEETWATER LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE SD ☐ Delete
NAME STILL, ADRIANNA C
STREET ADDRESS 1456 VERACRUZ LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33327

TITLE VD ☐ Delete
NAME CRUZ, RINALDO JR.
STREET ADDRESS 1456 VERACRUZ LANE
CITY-ST-ZIP FT LAUDERDALE FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rinaldo Cruz, Jr 3/4/08 305-573-8632