2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90009 023 ***158.75

DOCUMENT # P98000027867

1. Entity Name

A&C FLORIDA PAVERS, INC.

Principal Place of Business	Mailing Address
4260 NE 7 AVENUE OAKLAND PARK FL 33334	4260 NE 7 AVENUE OAKLAND PARK FL 33334

D4U1J360

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
215 NE 32nd Ct Suite, Apt. #, etc.	215 NE 32nd Ct Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Oakland Park, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 65-0826567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICETTI, AIDA D
4260 NE 7TH AVE
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name: Tarcicio Ricetti
Street Address (P.O. Box Number is Not Acceptable): 10685 MILITARY TRAIL #201
City: Deerfield Bch FL 33334
FL Zip Code

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] 03/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	RICETTI, AIDA D		NAME	RICETTI, AIDA D.	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	RICETTI, TARCICIO		NAME	RICETTI, TARCICIO	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	RICETTI, AIDA D		NAME	RICETTI, AIDA D	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	C	☐ Delete	TITLE	C	☒ Change ☐ Addition
NAME	RICETTI, AIDA D		NAME	RICETTI, AIDA D	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	T	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	RICETTI, TARCICIO		NAME	RICETTI, TARCICIO	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32 CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	M	☐ Delete	TITLE	M	☒ Change ☐ Addition
NAME	RICETTI, TARCICIO		NAME	RICETTI, TARCICIO	
STREET ADDRESS	4260 NE 7TH AVENUE		STREET ADDRESS	215 NE 32CT	
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	OAKLAND PARK, FL 33334	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 03/12/04 9545685858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #