2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027867

Entity Name: A&C FLORIDA PAVERS, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
BOCA RATON SUITE #5 BOCA RATON, FL 33487				6401 E ROGERS CIRCLE SUITE #5 BOCA RATON, FL 33487		
Current Mailing Address:				New Mailing Address:		
SUITE#5	GERS CIRCLE					
FEI Number:	65-0826567	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	lew Registered Agent:
RICETTI, TARCICIO 7533 BRISTOL BAY LANE LAKE WORTH, FL 33467 US						
The above in the State		ubmits this statement for the pu	irpose of	f changing it	s registered o	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agen	nt			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I RICETTI, AIDA D 6401 E ROGERS BOCA RATON, F	S CIRCLE, STE 5		Title: Name: Address: City-St-Zip:	RICETTI, AIDA	S CIRCLE STE 5
Title: Name: Address: City-St-Zip:	V () I RICETTI, TARCIO 6401 E ROGERS BOCA RATON, F	S CIRCLE, STE 5		Title: Name: Address: City-St-Zip:	RICETTI, TARC	S CIRCLE STE 5
Title: Name: Address: City-St-Zip:	S (X) RICETTI, AIDA D 6401 E ROGERS BOCA RATON, F	S CIRCLE, STE 5		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	C (X) RICETTI, AIDA D 6401 E ROGERS BOCA RATON, F	S CIRCLE, STE 5		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	RICETTI, TARCIO	S CIRCLE, STE 5		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address:	RICETTI, TARCIO	S CIRCLE, STE 5		Title: Name: Address:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA D RICETTI P 02/07/2006