2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 27, 2008 08:00 AN Secretary of State DOCUMENT # P98000030486 t. Entity Name SOUTHERN ASPHALT ENGINEERING, INC. Principal Place of Business Mailing Address 7302 SW 42ND STREET MIAMI FL 33155 7302 SW 42ND STREET MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0838152 Not Applicable $Z_{\mathbb{P}}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, JOSE A 8370 NW 10TH STREET APT 12 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or crimted page of registered agent and tyle if emplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Deicte Change Addition NAME FRANCO, JOSE A NAME U00000841349 03/10/08-80013-009 150.00 STREET ADDRESS 8370 NW 10TH STREET #12 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition LLAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Dalete 1/1LE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 each of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appear

OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: