

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90027 027 \*\*\*158.75

<b>DOCUMENT # P99000016175</b> 1. Entity Name <b>CORNERSTONE PAVING, INC.</b>			
Principal Place of Business <b>2500 HOLLYWOOD BLVD</b> <b>410</b> <b>HOLLYWOOD, FL 33020</b>		Mailing Address <b>2500 HOLLYWOOD BLVD</b> <b>410</b> <b>HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business - No P.O. Box # <b>2500 Hollywood Blvd</b> Suite, Apt. #, etc. <b>412</b>		3. Mailing Address <b>2500 Hollywood Blvd</b> Suite, Apt. #, etc. <b># 412</b>	
City & State <b>Hollywood, FL</b> Zip <b>33020</b>		City & State <b>Hollywood, FL</b> Zip <b>33020</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0619154</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALKER, GLORIOUS</b> <b>2500 HOLLYWOOD #410</b> <b>HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>Glorious Walker</b> Street Address (P.O. Box Number is Not Acceptable) <b>2500 Hollywood Blvd</b> <b>Suite 412</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>01/31/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, GLORIOUS 2500 HOLLYWOOD BLVD. #410 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 412	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, ROOSEVELT 2500 HOLLYWOOD BLVD. #410 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 412	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMUELS, BRENDA 2500 HOLLYWOOD BLVD. #410 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 412	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, DEMETRIUS 2500 HOLLYWOOD #410 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 412	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 412	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>01/31/08</u> <small>Date Daytime Phone #</small>	