## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2006 08:00 AM DOCUMENT # P99000077091 **Secretary of State** 1. Entity Name CORAL PAVERS, INC. Mailing Address Principal Place of Business 1910 NE 22ND TERRACE 1910 NE 22ND TERRACE FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0944239 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOARES, ADELIO DO NOT WRITE 1910 NE 22ND TERRACE FORT LAUDERDALE, FL 33305 IN THIS SPACE 6. 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, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent stanature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE SOARES, ADELIO NAME STREET ADDRESS **1910 NE 22 TERRACE** FORT LAUDERDALE, FL 33305 U00000443389 CITY-ST-ZIP 03/08/08-80004-014 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

12. I hereby certify that the information supplied with this filling 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: Collio & Socres

STREET ADDRESS

CITY-ST-ZIP

DIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-707