


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90243 001 ***150.00
03-21-2003 90243 002 *****8.75

DOCUMENT # PO1000024391

1. Entity Name
BABS BRICK&PAVERS CORPS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1410 NE 40ST

3. Mailing Address
1410 NE 40ST

Suite, Apt. #, etc.

City & State
POMPAÑO BEACH - FL

City & State
POMPAÑO BEACH - FL

Zip
33064

Country
BROWARD

Zip
33064

Country
BROWARD

4. FEI Number
943390373

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ALBENY RIBEIRO SOBRINHO

Street Address (P.O. Box Number is Not Acceptable)
1410 NE 40ST

City
POMPAÑO BCH

FL Zip Code
33064

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] DATE 3-19-03

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

January 1 - May 1 Fee is: **\$150.00**
After May 1; Fee is: **\$550.00**
~~Amended UBR fee \$81.25~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT ALBENY RIBEIRO SOBRINHO 1410 NE 40ST POMPAÑO BEACH - FL - 33064</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3-19-03 DAYTIME PHONE # (954) 818-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)