2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# P02000011491

Entity Name: BROTHERS BRICK PAVERS AND SEALING, INC.

Current Principal Place of Business:

2650 EAGLES CREST CT
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2650 EAGLES CREST CT
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 37-1417707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 US

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.

SIGNATURE: DEVIN NEWMAN ASST. SECRETARY 02/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DE FREITAS RESENDE, WALLACE
Address: 2650 EAGLES CREST CT
City-St-Zip: HOLIDAY, FL 34691

Title: PSD ( ) Delete
Name: SANTOS, ROBERTO A
Address: 1107 SUNSET DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: GAITAN, DAMIAN C
Address: 2702 BIG PINE DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WALLACE RESENDE P 02/28/2007
Electronic Signature of Signing Officer or Director Date