

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000011491	
1. Entity Name BROTHERS BRICK PAVERS AND SEALING, INC.	
Principal Place of Business 2650 EAGLES CREST CT HOLIDAY, FL 34691	Mailing Address 2650 EAGLES CREST CT HOLIDAY, FL 34691



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1417707	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVE. SUITE C ORANGE CITY, FL 32763	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DE FREITAS RESENDE, WALLACE 2650 EAGLES CREST CT HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SANTOS, ROBERTO A 1107 SUNSET DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAITAN, DAMIAN C 2702 BIG PINE DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/30/08-80046-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08
Date

727 422 3292
Daytime Phone #