

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061873

Entity Name: NORTH PORT PAVERS INC.

FILED  
Mar 16, 2011  
Secretary of State

**Current Principal Place of Business:**

6099 ESTATES DR.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

12124 DOURADO DR  
NORTH PORT, FL 34287

**Current Mailing Address:**

6099 ESTATES DR.  
NORTH PORT, FL 34286

**New Mailing Address:**

12124 DOURADO DR  
NORTH PORT, FL 34287

FEI Number: 27-3148746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1100 S. FEDERAL HWY., 2ND FLOOR  
DEERFIELD BCH, FL 33441 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FIGUEIREDO, ADELICMAR  
Address: 12124 DOURADO DR  
City-St-Zip: NORTH PORT, FL 34287

Title: DD  
Name: ROSA, DESIVAL M  
Address: 12124 DOURADO DR  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: FERREIRA, CARLOS D  
Address: 12124 DOURADO DR  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: ADELICMAR FIGUEIREDO

PD

03/16/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date