



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G50403 1. Entity Name AMERICAN BRICK COMMUNITIES, INC.																																																														
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 202 ALBRIGHTON CT. LONGWOOD, FL 32779</div><div>Mailing Address 202 ALBRIGHTON CT. LONGWOOD, FL 32779</div></div>																																																														
DO NOT WRITE IN THIS SPACE		<div>04292004 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number NOT APPLICABLE</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																									
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6. Name and Address of Current Registered Agent GABBAI, DAVID 202 ALBRIGHTON CT. LONGWOOD, FL 32779		DO NOT WRITE IN THIS SPACE																																																												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 15%;">P</td><td style="width: 70%;">GABBAI, JUDITH</td></tr><tr><td>NAME</td><td></td><td>202 ALBRIGHTON CT.</td></tr><tr><td>STREET ADDRESS</td><td></td><td>LONGWOOD, FL 32779</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>VP</td><td>GABBAI, DAVID</td></tr><tr><td>NAME</td><td></td><td>202 ALBRIGHTON CT.</td></tr><tr><td>STREET ADDRESS</td><td></td><td>LONGWOOD, FL 32779</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>TS</td><td>GABBAI, OREN</td></tr><tr><td>NAME</td><td></td><td>202 ALBRIGHTON CT.</td></tr><tr><td>STREET ADDRESS</td><td></td><td>LONGWOOD, FL 32779</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	P	GABBAI, JUDITH	NAME		202 ALBRIGHTON CT.	STREET ADDRESS		LONGWOOD, FL 32779	CITY-ST-ZIP			TITLE	VP	GABBAI, DAVID	NAME		202 ALBRIGHTON CT.	STREET ADDRESS		LONGWOOD, FL 32779	CITY-ST-ZIP			TITLE	TS	GABBAI, OREN	NAME		202 ALBRIGHTON CT.	STREET ADDRESS		LONGWOOD, FL 32779	CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			<div>U00000155751 05/05/04-80048-023 150.00</div> DO NOT WRITE IN THIS SPACE
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																														
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-30-04 Daytime Phone # _____																																																												