


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90545 046 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000097794			
1. Entity Name U.S.A. BRICK, CORP.			
Principal Place of Business 7061 GRAND NATIONAL DR STE 105-R ORLANDO, FL 32819		Mailing Address 7061 GRAND NATIONAL DR STE 105-R ORLANDO, FL 32819	
2. Principal Place of Business 4739 CASON COVE DR Suite, Apt. #, etc. SUITE 2205 City & State ORLANDO, FL Zip 32811		3. Mailing Address 4739 CASON COVE DR Suite, Apt. #, etc. SUITE 2205 City & State ORLANDO, FL Zip 32811	
4. FEI Number 59-3677771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVEIRA, JOSE A 4725 CASON COVE DRIVE, #1415 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name OLIVEIRA JOSE A Street Address (P.O. Box Number is Not Acceptable) 4739 CASON COVE DR SUITE 2205 City ORLANDO, FL Zip Code 32811	
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 <i>Jose A. Oliveira</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME OLIVEIRA, JOSE A STREET ADDRESS 4725 CASON COVE DRIVE, #1415 CITY-ST-ZIP ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete		TITLE PD NAME OLIVEIRA JOSE A STREET ADDRESS 4739 CASON COVE DR CITY-ST-ZIP SUITE 2205, ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME REIS, ROBERTO F STREET ADDRESS 4725 CASON COVE DRIVE, #1415 CITY-ST-ZIP ORLANDO, FL 32811 <input type="checkbox"/> Delete		TITLE VD NAME REIS, ROBERTO F STREET ADDRESS 4739 CASON COVE DR #2205 CITY-ST-ZIP ORLANDO, FL 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jose A. Oliveira</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	