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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000020933	
1. Entity Name CLASSIC BRICK PAVERS INC	

03 DEC 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

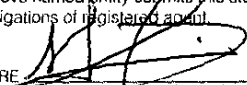
2. Principal Place of Business 304 ALSTON DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32835	Country ORANGE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

03
MRS

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3702013		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name LORENZONI, ITAMAR Street Address (P.O. Box Number is Not Acceptable) 304 ALSTON DR City ORLANDO FL Zip Code 32835		

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  **600025778926**
12/26/09--01086--006 **150.00

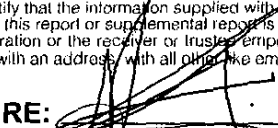
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. LORENZONI, ITAMAR 304 ALSTON DR ORLANDO, FL 32835
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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 reports 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 on an attachment with an address with all other like empowered.

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

Date _____ Daytime Phone # _____

CR2E034B (12/02)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **CLASSIC BRICK PAVERS, INC**

Thank you for your courtesy in this matter.



ITAMAR LORENZONI
PRESIDENT