2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## May 10, 2004 8:00 am Secretary of State DOCUMENT # P01000024391 1. Entity Name 05-10-2004 90449 041 \*\*\*158.75 BABS BRICK & PAVERS CORP. Principal Place of Business Mailing Address 1410 NE 40 ST. POMPANO BEACH FL 33064 1410 NE 40 ST. POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 1410 NE40ST 1410 NE 405T Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State POMPANO BEACH 94-339037.3 POMPANO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROAWATIO BROWATLO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIBEIRO SOBRINHO, ALBENY Street Address (P.O. Box Number is Not Acceptable) 1410 NE 40 ST. POMPANO BEACH FL 33064 City Zip Code FL 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOBRINHO, ALBENY RIBEIRO NAME NAME 1410 NE 40 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C!TY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: SIGNATURE AND THE OF

changed, or on an attachment with an address, with all other like empowered