


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90449 041 ***158.75

DOCUMENT # P01000024391			
1. Entity Name BABS BRICK & PAVERS CORP.			
Principal Place of Business 1410 NE 40 ST. POMPANO BEACH FL 33064		Mailing Address 1410 NE 40 ST. POMPANO BEACH FL 33064	
2. Principal Place of Business 1410 NE 40 ST		3. Mailing Address 1410 NE 40 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO BEACH		City & State POMPANO BEACH	
Zip 33064	Country BROWARD	Zip 33064	Country BROWARD
6. Name and Address of Current Registered Agent RIBEIRO SOBRINHO, ALBENY 1410 NE 40 ST. POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBRINHO, ALBENY RIBEIRO 1410 NE 40 ST. POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number 94-3390373 ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-04 954 8180