


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90052 035 \*\*\*150.00

<b>DOCUMENT # P02000011491</b>	
1. Entity Name <b>BROTHERS BRICK PAVERS AND SEALING, INC.</b>	

Principal Place of Business <b>1713 10TH STREET SW LARGO, FL 33778</b>	Mailing Address <b>1713 10TH STREET SW LARGO, FL 33778</b>
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2. Principal Place of Business <b>PO Box 8195</b>	3. Mailing Address <b>PO Box 8195</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SEMINOLE, FLORIDA</b>	City & State <b>SEMINOLE, FLORIDA</b>
Zip <b>33772</b>	Country <b>US</b>
Zip <b>33772</b>	Country <b>US</b>

03172005 Chg-P CR2E034 (10/03)

4. FEI Number <b>APPLIED FOR 37-147707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH, FL 33064</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: _____	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD DE FREITAS RESENDE, WALLACE 1713 10TH STREET SW LARGO, FL 33778</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 8195 SEMINOLE, FLORIDA 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD SANTOS, ROBERTO A 3718 138TH AVE NORTH LARGO, FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 COLUMNS CIRCLE SEMINOLE, FLORIDA 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAITAN, DAMIAN C 3266 HAVILAND CT., #202-6 PALM HARBOR, FL 34684</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	<b>WALLACE de Freitas Resende</b>	Date	<b>(727) 4223292</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	