

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124342

FILED
May 01, 2008
Secretary of State

Entity Name: MATHEUS PAVERS SYSTEM CORPORATION

Current Principal Place of Business:

1055 S. HIAWASSEE RD.
2023
ORLANDO, FL 32835

New Principal Place of Business:

1057 S. HIAWASSEE RD.
1922
ORLANDO, FL 32835

Current Mailing Address:

1055 S. HIAWASSEE RD.
2023
ORLANDO, FL 32835

New Mailing Address:

1057 S. HIAWASSEE RD.
1922
ORLANDO, FL 32835

FEI Number: 68-0572259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAGA, KEDNA M
Address: 1055 S. HIAWASSEE RD., APT. 2023
City-St-Zip: ORLANDO, FL 32835

Title: VPD () Delete
Name: BRAGA, WLICES CASTRO
Address: 1055 S. HIAWASSEE RD., APT 2023
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAGA, KEDNA M
Address: 1057 S. HIAWASSEE RD., APT. 1922
City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change () Addition
Name: BRAGA, WLICES CASTRO
Address: 1057 S. HIAWASSEE RD., APT 1922
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEDNA BRAGA

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date