## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000147476

2277 S KIRKMAN RD #291

ORLANDO, FL 32811

Address: City-St-Zip:

Entity Name: PRECISION TILE & BRICK PAVERS INC

FILED Sep 04, 2005 Secretary of State

Littly Na	IIIE. FRECISI	ON TILL & BRICK FAVERS IN	NO.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	STGATE DR. # D, FL 32835	422			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	STGATE DR. # D, FL 32835	422			
FEI Number	: 41-2121651	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ORLANDO The above	STGATE DR. # D, FL 32835	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( GABRIEL, ANN 6179 WESTG/ ORLANDO, FL	ATE DR. #422	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( GABRIEL, ESI 6179 WESTG/ ORLANDO, FL	ATE DR #422	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VP () MENEZES, GI	() Delete LVAN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ANNA GABRIEL P 09/04/2005