

FILED
Mar 14, 2005 8:00 am
Secretary of State


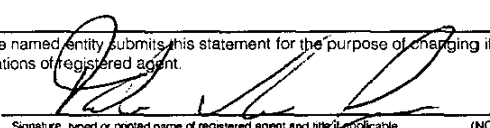
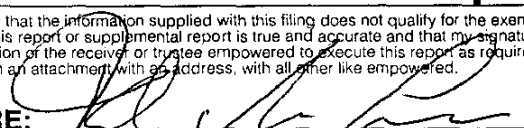
03-14-2005 90108 024 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

50025927



03052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000023621			
1. Entity Name NEW ENGLAND PAVERS, INC.			
Principal Place of Business 119 VERACRUZ AVE KISSIMMEE, FL 34743		Mailing Address 119 VERACRUZ AVE KISSIMMEE, FL 34743	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFL Number 75-3148487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPES, FABIO V 119 VERACRUZ AVE KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name: PEREIRA, SERGIO Street Address (P.O. Box Number is Not Acceptable): 355 MOONLIGHT CT City: ST CLOUDS, FL FL Zip Code: 34771	
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: 3-05-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	VD LOPES, FABIO 119 VERACRUZ AVE KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, SERGIO 355 MOONLIGHT CT ST CLOUDS, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, SERGIO 355 MOONLIGHT CT ST CLOUDS, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 3-05-05 DAYTIME PHONE #			