2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P040000



FILED May 03, 2007 8:00 am Secretary of State

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, CORP.	

NAME STREET ADDRESS CITY-ST-ZIP DINIZ, MARCELO N MR 1203 SWEET GUM DR BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP DINIZ, NEICY N VP DINIZ, NEICY N VP 1203 SWEETGUM DR BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S	1. Entity Name GATOR INTERLOCKING PAVER, CORP.							05-03-2007 90027 007 ***150.00				
Suite, Apt. 4, etc. Suite, Apt. 4 dic. Suite, Apt. 4 dic. City & State	1203 SWEET	GUM DR	s	1203 SWEET GUM DR								
City & State City	2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
20-0779278	Suite, Apt. #, etc. Suite, Apt. #, etc.					04102007	04102007 Chg-P CR2E034 (12/06)					
S. Certificate of Status Desired Face Required Face Requ	City & State		City & State	City & State								
Name	Zip	Country Zip Coun			ntry							
		6. Name	and Address of Curren	t Registered Agent		NI	7. Name and	Address of New R	egistered Ag	ent		
SITER ADDITIONS, FL 33511 Street Address (P.O. Box Number is Not Acceptable) Eity FL 2/p Code 8. The above named entity submits it is statement for the purpose of changing its registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable the obligations of registered agent, or both, in the State of Florids. It am samiliar with, and acceptable to the obligations of registered agent, or both, in the State of Florids.	DINIZ MA	RCELO N	MR			Name			-			
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	1203 SWEET GUM DR				Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature typend represed agent agent with a policy of registered agent.	li .					City			FL	Zip Codi	9	
Signature, syred or present name of regeneral agent and size if explicable. (NOTE: Registered Agent signars springer) (NOTE: Registered Agent springer) (NOTE: Registered Agent signars spring				for the purpose of changing it	s register	L ed office or regi:	stered agent, or bot	h, in the State of Flo		l niliar with,	and accept	
After May 1, 2007 Fee will be \$50.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 IIILE DINIZ, MARCELO N MR 1203 SWEET GUM DR BRANDON, FL 33511 IIILE VP DINIZ, NEICY N VP SIREET ADDRESS CITY-ST-2P BRANDON, FL 33511 IIILE NAME SIREET ADDRESS CITY-ST-2P BRANDON, FL 33511 IIILE NAME SIREET ADDRESS CITY-ST-2P IIILE NAME	SIGNATURE.	Signature, typed	or printed name of registered agei	nt and title if applicable. (NO	TE: Registere	ed Agent signature requ	urred when reinstating)		DATE			
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t An Thomas, construction to the contract of t	NAME STREET ADORESS CITY-ST-ZIP				NAM STRI CITY	ME EET ADDRESS 7-ST-ZIP					Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reddiver 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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF EJENING OFFICER OR DIRECTOR

Daytime Phone #