

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-08-2005 90032 003 ***150.00

DOCUMENT # P04000041966 1. Entity Name BAJU PROFESSIONAL BRICK PAVERS, INC.					
Principal Place of Business 5511 110TH AV N #106 PINELLAS PARK, FL 33782 US			Mailing Address 5511 110TH AV N #106 PINELLAS PARK, FL 33782 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0880538				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECIL, DANIELE B 5511 110TH AV N #106 PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BECIL, DANIELE B	NAME			
STREET ADDRESS	5511 110TH AV N #106	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Daniele Becil</u> DANIELE BARRETO BECIL-727-23453 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66014069

