2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078146

City-St-Zip:

ORLANDO, FL 32835

FILED Sep 08, 2005 Secretary of State

Entity Nar	ne: ALL BRIG	CK & PAVERS, INC.				
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
6160 RALE 902	EIGH ST					
	, FL 32835	US				
Current M	ailing Addre	ss:	New Maili	New Mailing Address:		
6160 RALE 902	EIGH ST					
	, FL 32835	US				
FEI Number:	20-1122301	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
LEMUS, JOSE A 1510 E COLONIAL DR 307			5950 LAKE 246			
ORLANDO, FL 32803 US			ORLANDO	ORLANDO, FL 32819 US		
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: JOYCE N	NASCIMENTO		09/08/2005		
	Electro	nic Signature of Registered Ager	nt		Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (GARRAFA, RC 6160 RALEIGH ORLANDO, FL	ST - STE 902	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LORENZONI D) Delete E SILVA, BERNARDO ASSEE RD., APT. #1127 32835	Title: Name: Address: City-St-Zip:	DT (X) ROSA, MARCE 1289 S KIRKMA ORLANDO, FL	AN RD #1167	
Title: Name: Address:	CABRAL, AUG) Delete USTO DA F ASSEE RD., APT. #1127	Title: Name: Address:	S (X) DOS REIS, JOS 1289 S KIRKMA		

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.

City-St-Zip:

ORLANDO, FL 32811

SIGNATURE: ROBSON GARRAFA Ρ 09/08/2005