

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078146

Entity Name: ALL BRICK & PAVERS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

6160 RALEIGH ST
902
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

6160 RALEIGH ST
902
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-1122301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARRAFA, ROBSON G
Address: 6160 RALEIGH ST - STE 902
City-St-Zip: ORLANDO, FL 32835 US

Title: VP () Delete
Name: DOS SANTOS GARRAFA, LUCIANA A
Address: 6160 RALEIGH ST - STE 902
City-St-Zip: ORLANDO, FL 32835 US

Title: DT (X) Delete
Name: ROSA, MARCELO L
Address: 1289 S KIRKMAN RD #1167
City-St-Zip: ORLANDO, FL 32811

Title: S (X) Delete
Name: DOS REIS, JOSE N
Address: 1289 S KIRKMAN RD #1167
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ROBSON GARRAFA

P

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date