

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000129258

Entity Name: OLIVEIRA PAVERS, INC.

FILED
Nov 14, 2005
Secretary of State

Current Principal Place of Business:

4740 NE 2ND WAY
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

10640 SW WATER WAY LANE
PORT SAINT LUCIE, FL 34987 US

Current Mailing Address:

4740 NE 2ND WAY
POMPANO BEACH, FL 33064 US

New Mailing Address:

10640 SW WATER WAY LANE
PORT SAINT LUCIE, FL 34987 US

FEI Number: 20-1609007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVEIRA, VAGNER A
4740 NE 2ND WAY
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

OLIVEIRA, VAGNER A
10640 SW WATER WAY LANE
PORT SAINT LUCIE, FL 34987 US

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: VAGNER A OLIVEIRA

11/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: OLIVEIRA, VAGNER A
Address: 4740 NE 2ND WAY
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: OLIVEIRA, VAGNER A
Address: 10640 SW WATER WAY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: VP,D () Change (X) Addition
Name: OLIVEIRA, LIGIANE A
Address: 10640 SW WATER WAY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: S,D () Change (X) Addition
Name: DE OLIVEIRA, ALEXANDRE
Address: 10640 SW WATER WAY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

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.

SIGNATURE: VAGNER A OLIVEIRA

P,D

11/14/2005

Electronic Signature of Signing Officer or Director

Date