2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138939

Entity Name: LAYNG INTERLOCKING PAVERS INC

FILED May 09, 2008 Secretary of State

Littly Nai	Me. LATING INTEREOCKING FAVERS IN	ુ		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
13201 PRESTWICK CREEK DR RIVERVIEW, FL 33569			13201 PRESTWICK CREEK DR RIVERVIEW, FL 33579	
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
13201 PRESTWICK CREEK DR RIVERVIEW, FL 33569			13201 PRESTWICK CREEK DR RIVERVIEW, FL 33579	
FEI Number:	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
13201 PRE	ANDRO N MR ESTWICK CREEK DR W, FL 33569 US	13201 PRESTWICK C	DINIZ, LEANDRO N MR 13201 PRESTWICK CREEK DR RIVERVIEW, FL 33579 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:			05/09/2008	
	Electronic Signature of Registered A	gent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation did npaign Financing Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete DINIZ, LEANDRO N MR 13201 PRESTWICK CREEK DR RIVERVIEW, FL 33569	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete DUTRA, ALINE MRS 13201 PRESTWICK CREEK DR RIVERVIEW, FL 33569	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ALINE DUTRA VP 05/09/2008