


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90045 021 ***150.00

DOCUMENT # P05000165626

1. Entity Name
RODRIGUES BRICK PAVERS, INC.



Principal Place of Business Mailing Address

6918 BEE RIDGE ROAD **6918 BEE RIDGE ROAD**
SARASOTA, FL 34232 **SARASOTA, FL 34232**

50024610



2. Principal Place of Business 3. Mailing Address

6948 Bee Ridge Rd **6948 Bee Ridge Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A **N/A**

07012006 Chg-P CR2E034 (11/05)

City & State City & State

Sarasota, FL **Sarasota, FL**
 Zip Country Zip Country
34232 **US** **34232** **US**

4. FSI Number Applied For

919-71-2706 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE MATOS, GENOVAL	
STREET ADDRESS	6918 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMATOS, GENOVAL	
STREET ADDRESS	6948 Bee Ridge Rd.	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Genoval Rodrigues de Matos** Date: **7-31-06** Daytime Phone #: **941-306-7521**