

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092530

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: NUMBER 1 BRICK PAVERS, INC

## Current Principal Place of Business:

5091 ERNST CT  
ORLANDO, FL 32819 US

## New Principal Place of Business:

6430 METROWEST BLVD  
#520  
ORLANDO, FL 32835 US

## Current Mailing Address:

5091 ERNST CT  
ORLANDO, FL 32819 US

## New Mailing Address:

6430 METROWEST BLVD  
APT# 520  
ORLANDO, FL 32835 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEW LIFE PROFESSIONAL SERVICES  
5950 LAKEHURST DRIVE  
SUITE 215  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

NEW LIFE PROFESSIONAL SERVICES  
6849 PASTURELANDS PLACE  
WINTER GARDEN, FL 34787 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: HELEN OLIVEIRA

08/20/2007

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 ( ) Delete  
Name: SILVA, ITALO EMANUEL N  
Address: 5091 ERNST CT  
City-St-Zip: ORLANDO, FL 32819 US

Title: VP ( ) Delete  
Name: SILVA, FABRICIO  
Address: 5091 ERNST CT  
City-St-Zip: ORLANDO, FL 32819 US

Title: S ( ) Delete  
Name: SOARES, MANOEL A  
Address: 5091 ERNST CT  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA, ITALO EMANUEL N  
Address: 6430 METROWEST BLVD APT# 520  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change ( ) Addition  
Name: SILVA, FABRICIO  
Address: 6430 METROWEST BLVD APT# 520  
City-St-Zip: ORLANDO, FL 32835 US

Title: S (X) Change ( ) Addition  
Name: SOARES, MANOEL A  
Address: 6430 METROWEST BLVD APT# 520  
City-St-Zip: ORLANDO, FL 32835 US

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: ITALO EMANUEL N SILVA

P

08/20/2007

Electronic Signature of Signing Officer or Director

Date