## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000096071

Entity Name: BRASPAVERS, INC

Name:

Address:

City-St-Zip:

**FILED** Apr 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2042 ROANOKE RD NORTH PORT, FL 34288 **Current Mailing Address: New Mailing Address:** 2042 ROANOKE RD NORTH PORT, FL 34288 FEI Number: 20-5252446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAX HOUSE CORPORATION TAX HOUSE CORPORATION 1261 E SAMPLE RD 1100 S FEDERAL HWY US POMPANO BEACH, FL 33064 2ND FLOOR DEERFIELD BEACH, FL 33441 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: TAX HOUSE CORPORATION 04/15/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SILVA, ALISON T Name: Name: 2042 ROANOKE RD Address: Address: City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: Title: Title: () Delete () Change () Addition SILVA. HELEOMAR V Name: Name: 2042 ROANOKE RD Address: Address: NORTH PORT, FL 34288 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CANDIDO, EDIVALDO Name: Name: 2042 ROANOKE RD Address: Address: City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: Title: () Delete Title: ( ) Change (X) 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.

Name:

Address:

City-St-Zip:

ALVES, VLADIMIR E

2042 ROANOKE RD

NORTH PORT, FL 34288

Ρ SIGNATURE: HELEOMAR V SILVA 04/15/2008