## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000096210

Entity Name: VIC BRICK PAVERS, INC.

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5465 36TH CT E 3622 BEACON WAY 102 SARASOTA, FL 34232

ELLENTON, FL 34222

Current Mailing Address: New Mailing Address:

5465 36TH CT E 3622 BEACON WAY 102 SARASOTA, FL 34232

102 SARASO ELLENTON, FL 34222

FEI Number: 20-5238297 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:

OLIVEIRA, TIAGO F
5465 36TH CT E
3622 BEACON WAY
102
SARASOTA, FL 34232 US

ELLENTON, FL 34222 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: TIAGO F OLIVEIRA 01/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 OLIVEIRA, TIAGO F
 Name:
 OLIVEIRA, TIAGO F

 Address:
 5465 36TH CT E, #102
 Address:
 3622 BEACON WAY

 City-St-Zip:
 ELLENTON, FL 34222
 City-St-Zip:
 SARASOTA, FL 34232

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: OLIVERIA, EZEQUIEL D Name: OLIVERIA, EZEQUIEL D

 Name:
 OLIVERIA, EZEQUIEL D
 Name:
 OLIVERIA, EZEQUIEL I

 Address:
 5465 36TH CRT #102
 Address:
 3622 BEACON WAY

 City-St-Zip:
 ELLENTON, FL 34222
 City-St-Zip:
 SARASOTA, FL 34232

Title: S () Delete Title: S (X) Change () Addition

 Name:
 OLIVEIRA, LÜCIANO D
 Name:
 LOPES, ROMERSON S

 Address:
 5465 36TH CRT E #102
 Address:
 3622 BEACON WAY

 City-St-Zip:
 ELLENTON, FL 34222
 City-St-Zip:
 SARASOTA, FL 34232

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: TIAGO F OLIVEIRA P 01/17/2008