## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000124421

City-St-Zip:

Entity Name: MSD BRICK PAVERS CORP.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
5044 MILLI APT 307	ENIA BLVD			4830 S KIF APT 352	RKMAN RE	)			
	, FL 32839	US		ORLANDO	, FL 3281	1 US			
Current Mailing Address:					New Mailing Address:				
4630 S. KIRKMANN ROAD				4630 S. KIRKMANN ROAD					
# 352 ORLANDO	), FL 32811	US		APT 352 ORLANDO	), FL 3281	1 US			
FEI Number:	26-1429466	FEI Number Applied For ( )	FEI Nur	nber Not App	licable ( )	Certific	ate of Status De	esired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
APT 307 ORLANDO The above in the State	ENIA BLVD ), FL 32839 L named entity of Florida.	JS submits this statement for t	he purpose c	of changing i	ts registere	ed office or	registered ag	ent, or both,	
SIGNATU		ii. Oisaastaas of Desistens d	A t				Dete		
		nic Signature of Registered g Trust Fund Contribution ( ). TORS:	Agent	ADDITION	IS/CHANG	ES TO OF	Date FICERS AND	DIRECTORS:	
Title:	Р (	) Delete		Title:		( ) Change	( ) Addition		
Name: Address: City-St-Zip:	FILHO, JOAO	A BLVD APT 307		Name: Address: City-St-Zip:		( / <b>3</b> -	( ,		
Title: Name:	(	) Delete		Title: Name:		() Change MARCELO RKMANN ROA	(X) Addition		

City-St-Zip: ORLANDO, FL 32811 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: JOAO FILHO P 02/12/2009