


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90054 038 ***150 00

DOCUMENT # P93000052344

1. Entity Name
SOBRINHO PAVERS, INC.



Principal Place of Business
2801 N FEDERAL HWY
BOCA RATON, FL 33428

Mailing Address
541 SOUTH STATE RD 7
SUITE 1
MARGATE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent
SOBRINHO, ROBSON B
10622 BOCA ENTRADA BLVD
BOCA RATON, FL 33428

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

DATE _____

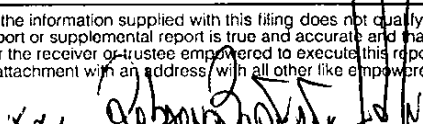
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD SOBRINHO, ROBSON 10622 BOCA ENTRADA BLVD BOCA RATON, FL 33428
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]


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:  ROBSON SOBRINHO, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____

Secretary of State

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01052006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0431093

Applied For
Not Applicable

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