

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000014940**

1. Corporation Name

**E. J. Pavers, Inc.**

Principal Place of Business

Mailing Address

**8415 Forest Hills Blvd #201  
Coral Springs, FL 33065**

2. Principal Place of Business

**21 8415 Forest Hills Blvd**

Suite, Apt. #, etc.

**22 #201**

City & State

**23 Boca Raton - Florida**

Zip

**24 33065**

Country

**25 USA**

9. Name and Address of Current Registered Agent

**Paulo Moreira  
8415 Forest Hills Blvd #201  
Boca Raton, FL 33065**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified  
**02/16/98**

4. FEI Number

**65-0813140**

Applied For

**Not Applicable**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes  No

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/10/99**

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13.                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---------------------------------|---|---|
| TITLE                      | PD                          | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Joao Hunter                 |                                 | 1.2 NAME  |   |
| STREET ADDRESS             | 219 NE 19th Ave Apt. B      |                                 | 1.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                | Pompano Beach, FL 33060     |                                 | 1.4 CITY-ST-ZIP                                   |   |
| TITLE                      | VPD                         | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Paulo Moreira               |                                 | 2.2 NAME  |   |
| STREET ADDRESS             | 8415 Forest Hills Blvd #201 |                                 | 2.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                | Boca Raton, FL 33065        |                                 | 2.4 CITY-ST-ZIP                                   |   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                             |                                 | 3.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                |                             |                                 | 3.4 CITY-ST-ZIP                                   |   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                             |                                 | 4.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                |                             |                                 | 4.4 CITY-ST-ZIP                                   |   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                             |                                 | 5.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                |                             |                                 | 5.4 CITY-ST-ZIP                                   |   |
| TITLE                      |                             | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                             |                                 | 6.3 STREET ADDRESS                                |   |
| CITY-ST-ZIP                |                             |                                 | 6.4 CITY-ST-ZIP                                   |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

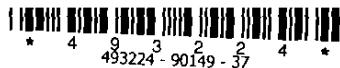
**04/10/99**

Date

Daytime Phone #

05-05-1999 90149 037 \*\*\*150.00

**FILED  
May 05, 1999 8:00 am  
Secretary of State**



DO NOT WRITE IN THIS SPACE