

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000096568

FILED
Oct 05, 2004
Secretary of State

Entity Name: EAGLE INTERLOCKING BRICK PAVING, INC.

Current Principal Place of Business:

2725 VIA CIPRIANI #735A
CLEARWATER, FL 33764

New Principal Place of Business:

417 MANOR BLVD
PALM HARBOR, FL 34683

Current Mailing Address:

2725 VIA CIPRIANI #735A
CLEARWATER, FL 33764

New Mailing Address:

417 MANOR BLVD
PALM BEACH, FL 34683

FEI Number: 59-3501917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGS, JAIR
2725 VIA CIPRIANI #735A
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

BUGS, JAIR
417 MANOR BLVD
PALM BEACH, FL 34683 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: JAIR BUGS

10/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BUGS, JAIR
Address: 2725 VIA CIPRIANI #735A
City-St-Zip: CLEARWATER, FL 33764

Title: VSD () Delete
Name: DE OLIVEIRA BUGS, KATIA
Address: 2725 VIA CIPRIANI #735A
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: FILHO, ALFREDO MARIA C
Address: 22529 SWORDFISH DR
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BUGS, JAIR
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

Title: VSD (X) Change () Addition
Name: DE OLIVEIRA BUGS, KATIA
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

Title: D (X) Change () Addition
Name: FILHO, ALFREDO MARIA C
Address: 417 MANOR BLVD
City-St-Zip: PALM BEACH, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAIR BUGS

PTD

10/05/2004

Electronic Signature of Signing Officer or Director

Date