


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000453
 1. Entity Name
 AMERICAN BRIGHT SIGNS, INC.



Principal Place of Business
 701 SOUTH WEST 27TH AVE
 STE 704
 MIAMI, FL 33135

Mailing Address
 701 SOUTH WEST 27TH AVE
 STE 704
 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

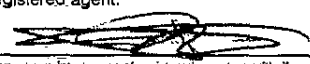
4. FEI Number
 13-4006242 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRUNEAU, FABIEN
 701 SOUTH WEST 27TH AVE., #704
 MIAMI, FL 33135

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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:  F. BRUNNEAU 1/25/05
Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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


000000202947
 01/29/05-80011-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BRUNEAU, FABIEN
STREET ADDRESS	701 SW 27TH AVE #704
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #