

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114590

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: BROTHER PAINTING OF THE KEYS, INC.

**Current Principal Place of Business:**

10910 S W 244 TERR  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

1912 S E 14TH COURT  
HOMESTEAD, FL 33035

**Current Mailing Address:**

10910 S W 244 TERR  
HOMESTEAD, FL 33032

**New Mailing Address:**

1912 S E 14TH COURT  
HOMESTEAD, FL 33035

FEI Number: 26-1300437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARCILA, VIVIANA  
10910 S W 244 TERR  
HOMESTEAD, FL 33032 US

**Name and Address of New Registered Agent:**

ARCILA, VIVIANA  
1912 S E 14TH COURT  
HOMESTEAD, FL 33035 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: \_\_\_\_\_

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARCILA, VIVIANA  
Address: 10910 S W 244 TERR  
City-St-Zip: HOMESTEAD, FL 33032

Title: VPD ( ) Delete  
Name: VELASQUEZ, MIGUEL  
Address: 118 ARBOR LANE  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARCILA, VIVIANA  
Address: 1912 S E 14TH COURT  
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD (X) Change ( ) Addition  
Name: VELASQUEZ, MIGUEL  
Address: 1912 S E 14TH COURT  
City-St-Zip: HOMESTEAD, FL 33035

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: MIGUEL VELASQUEZ

VPD

04/21/2008

Electronic Signature of Signing Officer or Director

Date