
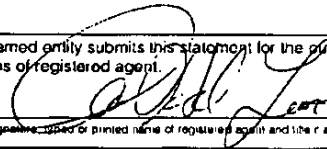
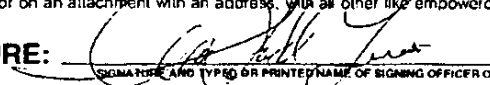


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-07-2007 90051 006 ***158.75

DOCUMENT # V48903			
1. Entity Name BRIGHT BRASS & METAL PAINTING, CO.			
Principal Place of Business 20911 JOHNSON STREET SUITE 129 PEMBROKE PINES FL 33029		Mailing Address 20911 JOHNSON STREET SUITE 129 PEMBROKE PINES FL 33029	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0343480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JIMENEZ, ANA I 2700 SW 130 TERR DAVIE FL 33330		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 		DATE 1/29/07	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JIMENEZ, OSWALDO 2700 SW 130 TERR DAVIE FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JIMENEZ, OSWALDO 2700 SW 130 Terrace Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40%
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT JIMENEZ, ANA I 2700 SW 130 TERR DAVIE FL 33330 <input type="checkbox"/> Delete 50%	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY ANGELICA M. JIMENEZ 2700 SW 130 Terrace DAVIE, FL 33330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10%
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE 1/29/07 954-430-4656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	