Aug. 15. 2007 6:56PM

8/2/2007

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-02-2007 90013 018 ***450.00
08-20-2007 90056 026 ***100.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H51291

1. Entity Name
BRITO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% PETER BRITO 12671 SO. DIXIE HWY MIAMI, FL 33156	% PETER BRITO 12671 SO. DIXIE HWY MIAMI, FL 33156

401[illegible]

07192007 Chg-P CR2E034 (12/06)

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 59-2598016 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRITO, PETER 12671 SO. DIXIE HWY MIAMI, FL 33156	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 ______

FILE NOW!!! FEE IS $550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP BRITO, PETER 12671 SO. DIXIE HWY MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PETER BRITO 7-30-07 305 255 2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #