


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000112699 1. Entity Name BRICKELL MOVING AND PACKING INC. |  |
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|---|---|
| Principal Place of Business 1640 SW 13TH ST. MIAMI FL 33145 | Mailing Address 1640 SW 13TH ST. MIAMI FL 33145 |
|---|---|



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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

1st MOORE CR2E034 (10/07)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent PUNTONET, NARCISO A 1640 SW 13TH ST. MIAMI FL 33145 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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| 4. FEI Number 65-1155918 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 _____
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 | PVSD PUNTONET, NARCISO A 1640 SW 13TH ST. MIAMI FL 33145 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000944593 05/29/08-80106-012 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Narciso A. Puntonet **NARCISO A. PUNTONET** **PRESIDENT** 4/23/08 (305) 285-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Phone #