2008 FOR PROFIT CORPORATION

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ANNUAL REPORT					Apr 23, 2008 08:00			
DOCUMENT # P02000092971 1. Entity Name BUILTRIGHT REPAIR SERVICES, INC.					50	ecretai	y of Sta	
Principal Place of Business 14550 N.W. 10TH AVENUE MIAMI, FL 33168		Mailing Address 14550 N.W. 10TH AVENUE MIAMI, FL 33168) 	HII	RANG SANSA NGNA NEWN	111 1	
DO NOT WRITE IN THIS SPACE				01172008 No Chg-P CR2E034 (11/05)				
		The second second		4. FEI Number 55-0797 5. Certificate o		□ \$8.75 Fee Re	Applied For Not Applicable 5 Additional aquired	
	6. Name and Address of Current Re DNG, VARIN T V. 10TH AVENUE 33168			NOT WE HIS SPA				
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 Signature: typed or purited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			.00 May Be ed to Fees	0000003 05/09/08-1	915562 30020-02	1 150.00	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP DITLE NAME STREET ADDRESS	OFFICERS AND DIF DP BANOOVONG, VARIN T 14550 N.W. 10TH AVENUE MIAMI, FL 33168	RECTORS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WF	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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 regeiver 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:

BILE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR