2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P03000104877** 1. Entity Name BRITO FAMILY, CORP. Principal Place of Business Mailing Address **601 SE 8TH CT** 601 SE BTH CT HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (11/05) 04252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0254055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRITO, CARLOS** DO NOT WRITE 601 SE 8TH CT HIALEAH, FL 33010 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BRITO, CARLOS NAME 000000547494 05/12/06-80023-017 150.00 601 SE 8TH CT STREET ADDRESS HIALEAH, FL 33010 CITY-ST-TIP NAME STREET ADDRESS CHY-SI-ZIP MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7177.E MALE STREET ADDRESS CHY-ST-ZIP 11111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 path; that I am an officer or director of the corporation or the received or instead of the corporation of the received or instead 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 which path is supplied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone P