
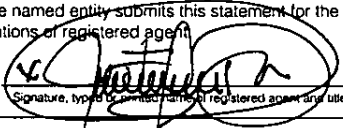
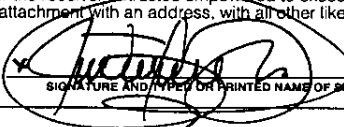


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90047 014 ***150.00

DOCUMENT # P03000150997 1. Entity Name BRIGHT & SHINE JANITORIAL CORP.			
Principal Place of Business 61 WEST 13TH STREET #4 HIALEAH, FL 33010		Mailing Address 61 WEST 13TH STREET #4 HIALEAH, FL 33010	
2. Principal Place of Business 7045 WEST 3RD COURT Suite, Apt. #, etc.		3. Mailing Address 7045 WEST 3RD COURT Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA Zip 33014		City & State HIALEAH, FLORIDA Zip 33014	
4. FEI Number 58-2680448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINEDA, JOHANN 61 WEST 13TH STREET #4 HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name JOHANN NATHAN PINEDA Street Address (P.O. Box Number is Not Acceptable) 7045 WEST 3RD COURT City HIALEAH FL 33014	
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 		JOHANN NATHAN PINEDA MARCH 25, <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD PINEDA, JOHANN 61 WEST 13TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHANN NATHAN PINEDA 7045 W. 3RD COURT HIALEAH, FL 33014 <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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: 		JOHANN N. PINEDA MARCH 25, 2005 754-366-4084 <small>SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> <small>Daytime Phone #</small>	