


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 047 \*\*\*550.00

<b>DOCUMENT # P04000026266</b>	
1. Entity Name <b>DENNIS BROWN PAINTING, INC.</b>	

Principal Place of Business <b>120 NE 193RD STREET MIAMI FL 33179</b>	Mailing Address <b>120 NE 193RD STREET MIAMI FL 33179</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>120 NE 193RD STREET</b>	3. Mailing Address <b>120 NE 193RD STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

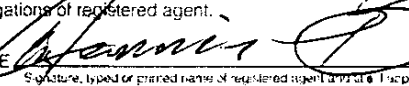
1st MOORE CR2E034 (10/07)

City & State <b>MIAMI FL.</b>	City & State <b>MIAMI FL</b>
Zip <b>33179</b>	Zip <b>33179</b>
Country	Country

4. FE Number <b>11-3713828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BROWN, DENNIS 120 NE 193RD STREET MIAMI FL 33179</b>
--

7. Name and Address of New Registered Agent Name <b>BROWN, DENNIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 NE 193RD STREET</b> City <b>MIAMI</b> FL <b>33179</b>
---

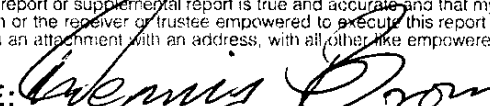
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DEANIS BROWN DATE <b>5-1-08</b>

**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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BROWN DENNIS 120 NE 193RD STREET MIAMI FL 33179</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: 	<b>DENNIS BROWN</b> DATE <b>5-1-08</b>