

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000071869



1. Entity Name
BRITO AND SON, CORP.

Principal Place of Business
1701 S.W. 84TH CT.
MIAMI, FL 33155

Mailing Address
1701 S.W. 84TH CT.
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90183 021 ***150.00

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04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2456831	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, MAURO D
1701 S.W. 84TH CT.
MIAMI, FL 33155

**DO NOT WRITE
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:

Mauro Brito
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRITO, MAURO D
STREET ADDRESS	1701 S.W. 84TH CT.
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Mauro Brito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #