2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

DOCUMENT # P0400073838 1. Entity Name BRIGHT REALTY INVESTMENT, CORP.				03-02-2006 90011 046 ***150.00
Principal Place of Business 239 NW 107TH AVE. PEMBROKE PINES, FL 33026		Mailing Address 239 NW 107TH AVE. PEMBROKE PINES, FL 33026		
2. Principal Place of Business 1948 + Y LE 2 S4. 3. Mailing Address 1948 + Y Suite, Apt. #, etc. Suite, Apt. #, etc.		er st	02222006 Chg-P CR2E034 (11/05)	
City & State	wcop FL	City & State	FL	4. FEI Number Applied For
3307	Country	Zip 3 0 20	Country S. A	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
Carriani na da Carria III.				tess (P.O. Box Numbers Not Acceptable) 8
City Aventura FL Zingogg &1				
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 titself applicable. Utility Registered Agent algoriture required when reinstating) OATE				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PS GOETT, ADRIAN	Delete	TITLE NAME	PS FRANKERBERC, Delia ELSA Addition
STREET ADDRESS CITY-ST-ZIP	1901 HARRISON STREET SUIT HOLLYWOOD, FL 33020	E 207	STREET ADDRESS CITY+ST-ZIP	Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MANCINELLI, MARCELO 1901 HARRISON STREET SUIT HOLLYWOOD, FL 33020	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTO ANDRES FIN KELBERG 1948 TYLER STREET 1961Y MODES FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKERBERG, DELIA ELSA 1901, HARRISON ST., STE 207 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP)	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleté	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	age of the second second	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR