

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 034 ***150.00

DOCUMENT # P07000048290 1. Entity Name FAST AND BRIGHT MAINTENANCE, INC.			
Principal Place of Business 9167 SW 97TH AVENUE MIAMI, FL 33176		Mailing Address 9167 SW 97TH AVENUE MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 1475 S.W. 8th Street		3. Mailing Address SAME	
Suite, Apt. #, etc. # 611		Suite, Apt. #, etc. Same	
City & State Miami, Florida		City & State SAME	
Zip 33135		Country Miami-Dade	
4. FEI Number 20-8948423		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 ORTIZ, ROSA 9167 SW 97TH AVENUE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name ROSA ORTIZ Street Address (P.O. Box Number is Not Acceptable) 1475 S.W. 8th Street # 611 City Miami FL Zip Code 33135	
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 <u><i>Rosa Ortiz</i></u> (NOTE: Registered Agent signature required when relocating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PSD ORTIZ, ROSA 9167 SW 97TH AVENUE MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. PEDRO MENDOZA-GONZALEZ 9202 S.W. 97th Avenue MIAMI, FLORIDA 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPTD CACERES, HILDA 6730 BULL RUN RD, APT 256 MIAMI, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec. ROSA ORTIZ 9202 S.W. 97th Avenue Miami, Florida 33176	<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 Sec. BERTA L. JARQUIN 1475 S.W. 8th Street # 611 Miami, Florida 33135	<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
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 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: <u><i>Rosa Ortiz</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	