2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State

ANNUAL REPURI							Secretary of State				
DOCUMENT # P07000075178 * 1. Entity Name BRIGHT LIGHT PAINTING, CORP							4	05-16-2008	-		
Principal Place of Business				failing Address] -				
800 NW 210 STREET				800 NW 210 STREET							
206			_	206		7 / 19					
MIAMI, FL 33169			,	MIAMI, FL 33169			L executive a con-	Maille (2011) Balli Balli Ball	1 62 111 16361 1431		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04142008	Chg-P	CR2E034	(12/06)	
City & State			-	City & State			4. FEI Numbe	or		Ar	plied For
						47 1 21 114111100	,		_ + -	t Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate	of Status Desired_	\$8	3. 75 Add	litional
	6. Name a	nd Address of Curren	t Real:	stered Agent	1	-	7. Name and	Address of New R		e Require	5
	7	· .				Name	7. Transcaria	7.00.000	agistorea rig		
RIVERA, GIOVANNI R						Street Address (P.O. Box Number is Not Acceptable)					
800 NW 210 STREET ; 206						Street Address ((P.O. BOX NUMBE	er is Not Acceptable	·) 		
MIAMI, FL	33169										
		, 5-				City			~~FL	Zip Cod	e.
8. The above	named entity s	Submits this statement	for the	purpose of changing its	s reaister	ed office or register	red agent, or bot	h. in the State of Flo		niliar with.	and accept
the obligat	tions of peciater	ed agent.	10	,,			, v = ugu, v. uu.				
SIGNATURE.	/ <u> </u>	man !									
	Signature, typed or	printed name of registered ager	t and title	of applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)		DATE		
FIL After M	.E NOW!!! F ay 1, 2008	EE IS \$150.00 Fee will be \$550	.00	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.		OFFICERS ANI	DIRE	CTORS		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	5 IN 11	
TITLE	P D				TITL					Change	Addition Addition
NAME Street address	RIVERA, GIOVANNI R 800 NW 210 STREET #206				NAM						
CITY-ST-ZIP	MIAMI, FL					EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITL					Change	Addition
NAME				<u> </u>	NAM				-		
STREET ADDRESS	ļ					EET ADDRESS					
CITY-ST-ZIP		 				'-ST-ZIP					
NAME				Delete	TITL NAM**				L	Change	Addition
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TITLE				☐ Delete	TITL					Change	Addition
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CITY-ST-ZIP						- ST-ZIP					
TITLE				☐ Delete	TITL	E				Change	Addition
NAME					NAM	IE .				- •	
STREET ADDRESS City-St-ZIP						EET ADDRESS					
TITLE					_	-ST-ZIP				7.0	
NAME				☐ Delete	TITL				L] Change	Addition
STREET ADORESS	[EET ADORESS					
CITY-ST-ZIP	!					'-ST-ZIP					
12. I hereby of indicated of the corchanged	certify that the i I on this report or rporation or the , or on an atlact	nformation supplied wi or supplemental report receiver or trustee emp hment with an address	th this i is true powere , with a	filing does not quality f and accurate and that do to execute this repor Il other like of the wered	or the ex my signa t as requ	emptions contained ture shall have the ired by Chapter 607	d in Chapter 119 same legal effec 7, Florida Statute	, Florida Statutes, I t as if made under o s; and that my name	appears in E	that the ir an officer llock 10 or	iformation or director Block 11 if

₹.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <