


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000052209 1. Entity Name BRITO & BRITO COMPANY INC.	
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Principal Place of Business 407 LINCOLN ROAD SUITE 5B MIAMI BEACH FL 33139	Mailing Address 407 LINCOLN ROAD SUITE 5B MIAMI BEACH FL 33139
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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4. FEI Number 65-0442874	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRITO, LUIS G 407 LINCOLN ROAD SUITE 5B MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when circulating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS:		<input type="checkbox"/> Delete
TITLE NAME	PC BRITO, LUIS G	<input type="checkbox"/>
STREET ADDRESS	407 LINCOLN ROAD SUITE 5-B	
CITY- ST- ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

100000323072
04/22/05-80039-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 01-19-05	Daytime Phone #
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