

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086998

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BRITE PAINTING AND WATERPROOFING INC.

**Current Principal Place of Business:**

510 NE 195 ST.  
N. MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

510 NE 195 ST.  
N. MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 65-0563139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, EDWIN  
510 NE 195 ST.  
N. MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORALES, SHARON  
Address: 510 NE 195 ST.  
City-St-Zip: N. MIAMI, FL 33179

Title: V ( ) Delete  
Name: MORALES, EDWIN  
Address: 510 NE 195 ST.  
City-St-Zip: N. MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN MORALES

V.P

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date