

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90044 030 \*\*\*150.00

<b>DOCUMENT # P98000060203</b>					
<b>1. Entity Name</b> BRICKELL BAY PAINTING & WATERPROOFING, INC.					
<b>Principal Place of Business</b> 1911 NW 88 WAY PEMBROKE PINES, FL 33024 US			<b>Mailing Address</b> 4315 NW 7TH STREET SUITE #51 MIAMI, FL 33126 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 648 SW 1ST CT.			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> HALLANDALE BEACH FL			<b>City &amp; State</b>		
<b>Zip</b> 33009		<b>Country</b> USA		<b>Zip</b>	
<b>Country</b>		<b>4. FEI Number</b> 65-0858991			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MENDEZ, XAVIER 573 NW 48 ST PORT LAUDERDALE, FL 33309					
<b>7. Name and Address of New Registered Agent</b>					
Name MENDEZ XAVIER					
Street Address (P.O. Box Number is Not Acceptable) 648 SW 1ST CT.					
City HALLANDALE BEACH FL Zip Code 33009					
<b>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.</b>					
SIGNATURE: <b>REGISTERED AGENT</b> 01/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> May Be Trust Fund Contribution. Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME MENDEZ, XAVIER STREET ADDRESS 1911 NW 88 WAY CITY-ST-ZIP PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE PD NAME MENDEZ XAVIER STREET ADDRESS 648 SW 1ST CT. CITY-ST-ZIP HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RODRIGUEZ, YANIA STREET ADDRESS 1911 NW 88 WAY CITY-ST-ZIP PEMBROKE PINES, FL 33024	<input checked="" 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	
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	
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	
<b>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.</b>					
SIGNATURE: <b>PRESIDENT</b> 01/19/07 (305) 519-8488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					