

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000060203

1. Entity Name
BRICKELL BAY PAINTING & WATERPROOFING, INC.



Principal Place of Business
**648 SW 1ST CT
HALLANDALE, FL 33009 US**

Mailing Address
**4315 NW 7TH STREET
SUITE #51
MIAMI, FL 33126 US**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858991	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELENDEZ, XAVIER
648 SW 1ST CT
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000842359
03/11/08-80026-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELENDEZ, XAVIER
STREET ADDRESS	648 SW 1ST CT
CITY- ST- ZIP	HALLANDALE, FL 33009

TITLE	
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STREET ADDRESS	
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CITY- ST- ZIP	

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IN THIS SPACE**

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: Xavier Mendez **PRESIDENT** 02/05/08 (305) 519-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #