


## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000079954</b> 1. Entity Name <b>BRIGHTSTAR E-PIN SOLUTIONS CORP.</b>					
Principal Place of Business <b>2010 NW 84 AVE MIAMI, FL 33122</b>			Mailing Address <b>2010 NW 84 AVE MIAMI, FL 33122</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FBI Number <b>20-3553841</b>	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable		6. Name and Address of Current Registered Agent  <b>PARKER, CLAYTON E C/O KIRKPATRICK &amp; LOCKHART NICHOLSON LLP 201 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131</b>			
Name		7. Name and Address of New Registered Agent <b>Clayton E. Parker, Esq.</b>			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd., 20th Floor</b>			
City		State		Zip Code	
Miami		FL		33131	
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 registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PC CLAIRE, RAUL M 2010 NW 84 AVE MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/S/T/D Claire, Raul Marcelo 2010 NW 84 Ave, Miami, FL 33122</b>		
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>800103541918 05/31/07--01004--002 **\$50.00</b>		
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		
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 IRS Empowered.					
SIGNATURE: _____		4/24/07		305-98-1182	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED  
07 MAY 18 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

