
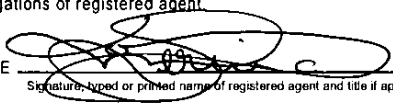
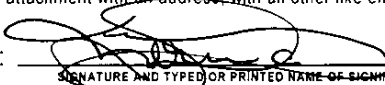


# 2005 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1082

<b>DOCUMENT# N04000001831</b> 1. Entity Name <b>SUNFLOWER BENEVOLENT CORPORATION</b>			FILE 06 SEP 20 11:4 FALLA
Principal Place of Business <b>5333 N State Rd 7 Tamarac, FL 33319</b>		Mailing Address <b>5333 N State Rd 7 Tamarac, FL 33319</b>	
2. Principal Place of Business <b>5333 N State Rd 7</b> Suite, Apt. #, etc.		3. Mailing Address <b>5333 N State Rd 7</b> Suite, Apt. #, etc.	
City & State <b>Tamarac, FL</b>		City & State <b>Tamarac, FL</b>	
Zip <b>33319</b>		4. FEI Number <b>20-0795778</b>	
Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>CARMELITA S PEREIRA 209 NE 33RD ST OAKLAND PARK, FL 33304</b>	
7. Name and Address of New Registered Agent Name <b>MICHELLE SOARES PEREIRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5333 N STATE RD 7</b> City <b>TAMARAC</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. Signature:  <span style="float: right;">09/22/06</span> <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 \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>CARMELITA S PEREIRA</b>	CITY-ST-ZIP <b>5333 N State Rd 7 Tamarac, FL 33319</b>	<input type="checkbox"/> Delete
TITLE <b>VP</b>	NAME <b>MARCELO PEREIRA</b>	CITY-ST-ZIP <b>5333 N State Rd 7 Tamarac, FL 33319</b>	<input type="checkbox"/> Delete
TITLE <b>TD</b>	NAME <b>FABIO G MOURA</b>	CITY-ST-ZIP <b>5420 LYONS RD 308 COCONUT CREEK, FL 33073</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>ALEXSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>CLEVERSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>TD</b>	NAME <b>CARMELITA S PEREIRA</b>	CITY-ST-ZIP <b>5333 N State Rd 7 Tamarac, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>MARCELO PEREIRA</b>	CITY-ST-ZIP <b>5333 N State Rd 7 Tamarac, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>MICHELLE SOARES PEREIRA</b>	CITY-ST-ZIP <b>5333 N State Rd 7 Tamarac, FL 33319</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>ALEXSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>CLEVERSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>ALEXSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>CLEVERSON VIANA</b>	CITY-ST-ZIP <b>3373 N FEDERAL HWY STE 209 POMPAMO BEACH, FL 33064</b>	<input checked="" type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="text-align: center; font-size: 1.2em;"> <b>900080271399</b>  <b>09/29/06--01005--002 **122.50</b> </div>			
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 617, 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: 		DATE <b>09/22/06</b>	Day time Phone # <b>954-535-0778</b>

2002

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2005 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2005 and 2006*

**N04000001831**  
**SUNFLOWER BENEVOLENT CORPORATION**

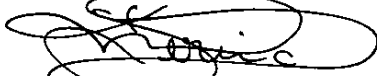
To Whom It May Concern:

This letter is to inform you that we have never received a 2005 and 2006 Uniform Business Report form in the mail. For that reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties, including the reinstatement fee of \$175.00 other than the primary of \$61.25 per year and accept the filling of our attached UBR, which has been prepared by our accountant. Please find enclose one check of \$122.50 for 2005 and 2006 UBR fees.

Any questions or concern, feel free to contact our accountant at (954) 782 4000 and speak to Mr. Airton Santiago.

Sincerely,



Michelle Soares Pereira - President  
**Sunflower Benevolent Corporation**  
5333 N State Rd 7  
Tamarac, FL 33319