

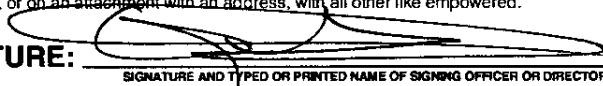


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 018 ***150.00

DOCUMENT # P02000044935			
1. Entity Name CASTILHOS & ASSIS, INC			
Principal Place of Business 6710 STIRLING ROAD DAVIE, FL 33024		Mailing Address 6710 STIRLING ROAD DAVIE, FL 33024	
2. Principal Place of Business		3. Mailing Address 12265 NW 32 MNR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SUNRISE FL	
Zip	Country	Zip 33323	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASTILHOS, VICTOR B 6710 STIRLING ROAD DAVIE, FL 33024		Name CASTILHOS VITOR B. Street Address (P.O. Box Number is Not Acceptable) 12265 NW 32 MNR City SUNRISE FL Zip Code 33323	
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 		DATE 04/29/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILHOS, VICTOR B	NAME	CASTILHOS VITOR B
STREET ADDRESS	10025 WINDING LAKE ROAD, #104	STREET ADDRESS	12265 NW 32 MNR
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	SUNRISE - FL - 33323
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ASSIS, JOAO AUGUSTO	NAME	6710 STIRLING RD
STREET ADDRESS	10025 WINDING LAKE ROAD, #104	STREET ADDRESS	DAVIE FL 33024
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: 		DATE 04/29/04 DAYTIME PHONE # 954-804-4210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VITOR CASTILHOS	

PS.: MY NAME IS: "VITOR" NOT VICTOR