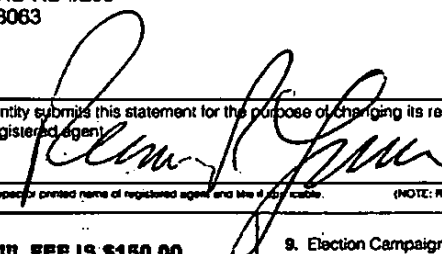
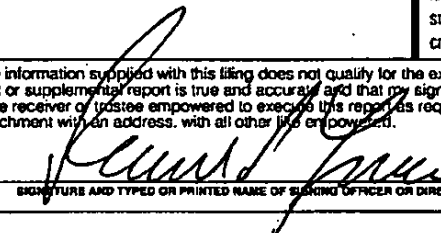


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 038 ***150.00

DOCUMENT # P04000165537			
1. Entity Name BRAZILIAN ART, NATURAL INC.			
Principal Place of Business 2751 ROCK ISLAND RD #203 MARGATE, FL 33063		Mailing Address 2751 ROCK ISLAND RD #203 MARGATE, FL 33063	
2. Principal Place of Business 3514 S. DIXIE		3. Mailing Address 3514 S. DIXIE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. PALM BEACH P		City & State W. PALM BEACH P.	
Zip 33406	Country U.S.A	Zip 33406	Country U.S.A.
6. Name and Address of Current Registered Agent YERMAN, RONALD R 2751 ROCK ISLAND RD #203 MARGATE, FL 33063		4. FEI Number 59-3791374	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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: 2/2/05	
Signature, type or printed name of registered agent and the filer (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☒ Delete	TITLE	☐ Change ☐ Addition
NAME CARMO, SNOTZART		NAME	
STREET ADDRESS 2751 ROCK ISLAND RD #203		STREET ADDRESS	
CITY-ST-ZIP MARGATE, FL 33063		CITY-ST-ZIP	
TITLE X	☒ Delete	TITLE	☐ Change ☐ Addition
NAME DOSSANTOS, LELINE		NAME	
STREET ADDRESS 2751 ROCK ISLAND RD #203		STREET ADDRESS	
CITY-ST-ZIP MARGATE, FL 33063		CITY-ST-ZIP	
TITLE CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME YERMAN, RONALD R		NAME	
STREET ADDRESS 2751 ROCK ISLAND RD #203		STREET ADDRESS	
CITY-ST-ZIP MARGATE, FL 33063		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 filers empowered.			
SIGNATURE: 		DATE: 2/16/05 305 332-5051	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	