2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ARRUDA PIRES ASSOCIATES USA INC.

Current Principal Place of Business:

7347 WEST SAND LAKE RD
100
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7347 WEST SAND LAKE RD
100
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-1840280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAFETY BUSINESS LLC
6220 S. ORANGE BLOSSOM TRAIL
STE 604
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: PIRES, JOAO MARCOS P
Address: 7347 WEST SAND LAKE RD STE 100
City-St-Zip: ORLANDO, FL 32819 US

Title: VP
Name: PIRES, ALEXANDRE B
Address: 7347 WEST SAND LAKE RD STE 100
City-St-Zip: ORLANDO, FL 32819 US

Title: DS
Name: PIRES, HELOISA B
Address: 8605 SAINT MARINO BLVD
City-St-Zip: ORLANDO, FL 32836 US

Title: DT
Name: PIRES, JOAO MARCOS A
Address: 8605 SAINT MARINO BLVD
City-St-Zip: ORLANDO, FL 32836 US

Title: DS
Name: PIRES, LUCIANA B
Address: 7347 WEST SAND LAKE RD STE 100
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAO MARCOS ARRUDA PIRES P 04/26/2011

Electronic Signature of Signing Officer or Director Date