

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000042921 1. Entity Name SAO PAULO CORPORATION	
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Principal Place of Business 6752 VILLAS DR SUITE 150-25 BOCA RATON, FL 33433 US	Mailing Address 6752 VILLAS DR SUITE 150-25 BOCA RATON, FL 33433 US
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

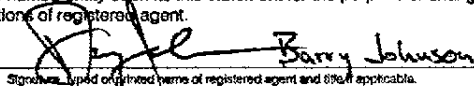
4. FEI Number 59-3322402	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, BARRY 6752 VILLAS DR BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

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  **Barry Johnson** 1-15-04
Signature typed or printed name of registered agent and 8% if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

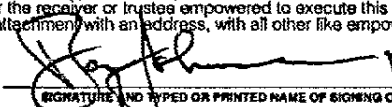
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, BARRY 6752 VILLAS DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, LINDA 6752 VILLAS DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000008551 01/20/04-80063-001 150.00 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Barry Johnson** 1-15-04 561-417-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #