


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 042 ***150.00

DOCUMENT # P97000092345
 1. Entity Name
BRASIL TELECOMM SERVICES, CO.



Principal Place of Business 1550 MADRYGA AVENUE 304 CORAL GABLES, FL 33046	Mailing Address 1550 MADRYGA AVENUE 304 CORAL GABLES, FL 33046
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44010859

2. Principal Place of Business <i>18455 MIRAMAR PARKWAY</i> Suite, Apt. #, etc. <i>181</i>	3. Mailing Address <i>18455 MIRAMAR PARKWAY</i> Suite, Apt. #, etc. <i>181</i>
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02052004 Chg-P CR2E034 (10/03)

City & State <i>MIRAMAR, FL</i>	City & State <i>MIRAMAR, FL</i>	4. FEI Number 65-0793639	Applied For Not Applicable
Zip <i>33029</i>	Country <i>BROWARD</i>	Zip <i>33029</i>	Country <i>BROWARD</i>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NICHOLS, JOHN
 9360 SUNSET DR., STE 287
 MIAMI, FL 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AMARAL, JOAO 1550 MADRYGA AVENUE CORAL GABLES, FL 33046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3750 SW 195 AVENUE</i> <i>MIRAMAR, FL 33029</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *2/9/04* Daytime Phone # *(954) 885-1693*

JOAO AMARAL, DPS