


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000000758

1. Entity Name
 PICANHA NA BRASA I, INC.



Principal Place of Business
 25 S.E. 2ND AVE.
 #410
 MIAMI, FL 33131

Mailing Address
 25 S.E. 2ND AVE.
 #410
 MIAMI, FL 33131



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0889691

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VEGA, JOSE M
 25 S.E. 2ND AVENUE
 SUITE 410
 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOS SANTOS, JOSE R
STREET ADDRESS	2131 SECOFFEE ST.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	DOS SANTOS, RITA
STREET ADDRESS	2131 SECOFFEE ST.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	DOS SANTOS, CLEITON R
STREET ADDRESS	2131 SECOFFEE ST.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SD
NAME	FELDMAN, CARMEN
STREET ADDRESS	1408 BRICKELL BAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	SANTOS, CARLOS R
STREET ADDRESS	18136 CLEAR BROCK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000132115
 04/27/04-80032-020 150.00

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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 my address, with all other like empowered.

SIGNATURE: _____ **4/24/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #