


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P99000000758</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VEGA, JOSE M 25 S.E. 2ND AVENUE SUITE 410 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOS SANTOS, JOSE R 2131 SECOFFEE ST. MIAMI, FL 33133	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOS SANTOS, RITA 2131 SECOFFEE ST. MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOS SANTOS, CLEITON R 2131 SECOFFEE ST. MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, CARMEN 1408 BRICKELL BAY DRIVE MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTOS, CARLOS R 18136 CLEAR BROCK CIRCLE BOCA RATON, FL 33498	
TITLE NAME STREET ADDRESS 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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/24/04</u> Daytime Phone # _____



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0889691

Applied For
Not Applicable

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

U00000132115  
04/27/04-80032-020 150.00