2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-07-2005 90058 046 ****50.00

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1. Entity Name
BRAZILIAN DOMESTICA L.L.C.

Principal Place of Business	Mailing Address
110 SE 10TH ST., APT. 101K DEERFIELD BEACH, FL 33441	110 SE 10TH ST., APT. 101K DEERFIELD BEACH, FL 33441

01042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
110 SE 10TH ST	110 SE 10TH ST #APT
Suite, Apt. #, etc.: APT 101K	Suite, Apt. #, etc.: APT 101K
City & State: DEERFIELD BE FL	City & State: DEERFIELD BE FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. FEI Number: 30-026 1172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGENTS AND CORPORATIONS, INC. STE. E, 773 4TH AVENUE NORTH NAPLES, FL 34102	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ~~RODNEY COIN~~ ~~110 SE 10TH ST APT 101K~~ ~~DEERFIELD BE FL 33441~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RODNEY COIN 110 SE 10TH ST APT 101K DEERFIELD BEACH FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARIA LUCIA GOMES 110 SE 10TH ST APT 101K DEERFIELD BEACH FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rodney Coin 3/03/05 954 298 8869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #