## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P99000101541** 03-09-2006 90152 003 \*\*\*150.00 1. Entity Name FULL POT INTERNATIONAL CORP. Principal Place of Business Mailing Address 170 NE 33RD ST 170 NE 33RD ST FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address 70 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0959066 Not Applicable Zip \_ \_ Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOS SANTOS, SERGIO A.R. Street Address (P.O. Box Number is Not Acceptable) 170 NE 33RD ST FORT LAUDERDALE, FL 33334 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Delete TITLE TITI F Change ■ Addition SERGIO BOS SAMTOS DUARTE DE CASTRO, PAULO ROBERTO NAME NAME 170 NE 33 Nd Street STREET ADDRESS RUA AROABA #235 VILA LEOPOLDINA SAO PAUL STREET ADDRESS CITY-ST-ZIP BRAZIL, CEP 05315-020. CITY-ST-ZIP FORTLANDENDAL TITLE ☐ Delete TITLE vice president Change ☐ Addition ANTONIO DOS SAN 170 NE. 33 do stract FORT LAUDANDA DE - FL DOS SANTOS, SERGIO A.R. NAME NAME STREET ADDRESS 3031 N. OCEAN BLVD., #502 STREET ADDRESS FT. LAUDERDALE, FL 333087328 CITY-ST-ZIP CITY-ST-ZIP TREASURER TITLE Delete TITLE Change 🖂 🗖 Addition RODRIGUES DE CASTRO, LAIS FONTOURA NAME NAME CATIA EVANGELISTA STREET ADDRESS RUA AROBA #235 VILA LEOPOLDINA SAO PAULO STREET ADDRESS 170 NE. Pd Street CITY-ST-ZIP BRAZIL, CEP 05315-020, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does nonqualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 provided in the provided in 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 a provided in the receiver of the corporation of the receiver or trustee empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 09, 2006 8:00 am

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