

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009433

Entity Name: ARRUDA PIRES ASSOCIATES USA INC.**Current Principal Place of Business:**8605 ST MARINO BLVD
ORLANDO, FL 32836**Current Mailing Address:**7055 SOUTH KIRKMAN RD
132
ORLANDO, FL 32819 US**FEI Number:** 26-1840280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ITO, ADRIANO
5249 WELLINGTON PARK CIRCLE
APT B37
ORLANDO, FL 32839 US*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.***SIGNATURE:** ADRIANO ITO

05/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	PIRES, JOAO MARCOS B
Address	5854 EMERINGTON CRESCENT
City-State-Zip:	ORLANDO FL 32819

Title	VP
Name	PIRES, ALEXANDRE B
Address	5854 EMERINGTON CRESCENT
City-State-Zip:	ORLANDO FL 32819

Title	DS
Name	PIRES, HELOISA B
Address	8605 SAINT MARINO BLVD
City-State-Zip:	ORLANDO FL 32836

Title	DT
Name	PIRES, JOAO MARCOS A
Address	8605 SAINT MARINO BLVD
City-State-Zip:	ORLANDO FL 32836

Title	DS
Name	PIRES, LUCIANA B
Address	7347 WEST SAND LAKE RD STE 100
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	ITO, ADRIANO
Address	5249 WELLINGTON PARK CIRCLE #B37
City-State-Zip:	ORLANDO FL 32839

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DE ARRUDA PIRES, JOAO MARCOS

FOUNDER

05/13/2019

Electronic Signature of Signing Officer/Director Detail

Date