

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000102724

**Entity Name:** 3US!BRASIL EVENTS INC

**Current Principal Place of Business:**

245 SE 1ST ST  
STE 225  
MIAMI, FL 33131

**FILED**  
**Sep 14, 2015**  
**Secretary of State**  
**CC0037545253**

**Current Mailing Address:**

245 SE 1ST ST  
STE 225  
MIAMI, FL 33131

**FEI Number:** 99-0372965

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KALKAS, MARTTI  
245 SE 1ST ST  
STE 225  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GONZALEZ, THIAGO  
Address AV PAULO VI, #2206, SUMARE  
City-State-Zip: SAO PABLO SP 01262-010 BR XX

Title VP  
Name CARVALHO DIAS, ARACELI  
Address AV PAULO VI, #2206, SUMARE  
City-State-Zip: SAO PABLO SP 01262-010 BR XX

Title VP  
Name DA SILVA, CARLA BEATRIZ  
Address AV PAULO VI, #2206, SUMARE  
City-State-Zip: SAO PABLO SP 01262-010 BR XX

*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:** CARLA BEATRIZ DA SILVA

**MANAGER**

**09/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date