

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000046237

**Entity Name:** NEED USA CORP

**Current Principal Place of Business:**

244 BISCAYNE BLVD  
SUITE 4604  
NORTH MIAMI, FL 33132

**Current Mailing Address:**

244 BISCAYNE BLVD  
SUITE 4604  
NORTH MIAMI, FL 33132 US

**FEI Number:** 83-0621081

**Certificate of Status Desired:** No

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

DE OLIVEIRA BRITTO, RUBENS  
244 BISCAYNE BLVD  
SUITE 4604  
NORTH MIAMI, FL 33132 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 NEED-APP NETWORK BRASIL  
SERVICOS LTDA  
Address RUA BASILIO DA CUNHA 507 APT 241-  
A  
City-State-Zip: SAO PAULO SP 01544--001

Title P  
Name DE OLIVEIRA BRITTO, RUBENS  
Address 244 BISCAYNE BLVD SUITE 4604  
City-State-Zip: NORTH MIAMI FL 33132

Title P  
Name RODRIGUES BRITTO, BEATRIZ  
Address 244 BISCAYNE BLVD SUITE 4604  
City-State-Zip: NORTH MIAMI FL 33132

*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:** BEATRIZ RODRIGUES BRITTO

**PRESIDENT**

**06/19/2020**

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

\_\_\_\_\_  
Date