FROM : RIO DE JANEIRO PHONE NO. : 55 21 4313

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90059 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F01000005791

1. Entity Name
PEBBLESTONE WORLDWIDE LIMITED CORP.

Principal Place of Business	Mailing Address
1900 SW 3RD AVENUE MIAMI FL 33129	1900 SW 3RD AVENUE MIAMI FL 33129

94037897

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1151603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOFIA POWELL-COSIO, P.A.
1900 SW 3RD AVENUE
MIAMI FL 33129

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEITE JR, PAULO		NAME		
STREET ADDRESS	RUA IPANEMA		STREET ADDRESS		
CITY-ST-ZIP	891504 RIO DE JANEIRO BRAZIL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEITE, LIA		NAME		
STREET ADDRESS	RUA IPANEMA		STREET ADDRESS		
CITY-ST-ZIP	891504 RIO DE JANEIRO BRAZIL		CITY-ST-ZIP		
TITLE		☐ Delete	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		
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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 c[illegible] 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 [illegible] or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the co[illegible] 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, [illegible] with an address, with all other like empowered.

PLEASE SIGN

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #