FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90043 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000006174

1. Entity Name
TRENTO INVESTMENT CORP.

54003384

Principal Place of Business	Mailing Address
PASEA ESTATE, ROAD TOWN TORTOLA BRITISH VIRGIN ISLANDS,	C/O SHUTTS & BOWEN LLP (PLM) 201 S. BISCAYNE BLVD #1500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0542091

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANU OF MIAMI
201 S. BISCAYNE BLVD #1500
SUITE 1500(PLM)
MIAMI, FL 3131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOAO, PAULO S
STREET ADDRESS	RUA JOSE BENESETTI 18, APTO 131, SAO CAETA
CITY-ST-ZIP	DO SUL SP 09530 BRASIL,
TITLE	SD
NAME	MURAMATSU, RITA D
STREET ADDRESS	RUA JOSE BENESETTI 18, APTO 131, SAO CAETA
CITY-ST-ZIP	DO SUL SP 09530 BRASIL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify 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 on this report 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 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 other like empowered.

SIGNATURE: Paulo Joao - PAULO S. JOAO 01/20/2004
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #