

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001242

Entity Name: BRAZ TRANSFERS, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

377 SOMMERVILLE AVE
SOMMERVILLE, MA 02143

New Principal Place of Business:

377 SOMERVILLE AVE
SOMERVILLE, MA 02143

Current Mailing Address:

377 SOMMERVILLE AVE
SOMMERVILLE, MA 02143

New Mailing Address:

377 SOMERVILLE AVE
SOMERVILLE, MA 02143

FEI Number: 04-3746923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNES, TATIANE C
642 SIESTA KEY CIR
2811
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSCD () Delete
Name: SOUZA, SOSTENES
Address: 110 CENTRAL AVE
City-St-Zip: MALDEN, MA 02148

Title: VPVC () Delete
Name: ROSA, DENEIR
Address: 14 AMELIA PL
City-St-Zip: REVERE, MA 02151

Title: TD () Delete
Name: DEOLIVEIRA, BRUNO
Address: 21 GARDEN ST
City-St-Zip: MALDEN, MA 02148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROSA, DENEIR
Address: 14 AMELIA PL
City-St-Zip: REVERE, MA 02151

Title: SCTR (X) Change () Addition
Name: DEOLIVEIRA, BRUNO
Address: 21 GARDEN ST
City-St-Zip: MALDEN, MA 02148

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SOSTENES SOUZA

PSCD

01/04/2008

Electronic Signature of Signing Officer or Director

Date