

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000001498

FILED  
May 21, 2006  
Secretary of State

Entity Name: ANNA LUCIA GROUP LIMITED CO.

## Current Principal Place of Business:

3961 N. FEDERAL HWY  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

2850 SOMERSET DRIVE  
APT 414  
LAUDERDALE LAKES, FL 33311

## Current Mailing Address:

22W502 BURR OAK DRIVE  
GLEN ELLYN, IL 60137 US

## New Mailing Address:

RUA ROVIGO 800  
APT 414  
BELO HORIZONTE - BRAZIL, MG 31340500

FEI Number: 65-0828344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AQUILINO, JULIANA  
3961 N. FEDERAL HWY  
POMPANO BEACH, FL 33064 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: JULIANA AQUILINO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TAMM, RAY  
Address: 2850 SOMERSET DR., #414  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: V ( ) Delete  
Name: TAMM, MARIA J  
Address: 2850 SOMERSET DR., #414  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete  
Name: TAMM, RAY B  
Address: RUA SIRACUSA, 83  
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D ( ) Delete  
Name: TAMM, BERNARDO B  
Address: RUA SIRACUSA, 83  
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D ( ) Delete  
Name: TAMM, CARLOS A  
Address: RUA SIRACUSA, 83  
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D ( ) Delete  
Name: TAMM, GLENN B  
Address: RUA SIRACUSA, 83  
City-St-Zip: BELO HORIZONTE MG BRAZIL,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAY TAMM

P

05/21/2006

Electronic Signature of Signing Officer or Director

Date