

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001498

FILED
May 26, 2009
Secretary of State

Entity Name: ANNA LUCIA GROUP LIMITED CO.

Current Principal Place of Business:

2850 SOMERSET DRIVE
APT 414
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

3850 GALT OCEAN DRIVE
APT 707
FORT LAUDERDALE, FL 33308

Current Mailing Address:

RUA ROVIGO 800
BELO HORIZONTE - BRAZIL, MG 31340500

New Mailing Address:

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: _____

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: 3850 GALT OCEAN DRIVE APT 1007
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: V () Delete
Name: TAMM, MARIA J
Address: 3850 GALT OCEAN DRIVE APT 1007
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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 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

MR

05/26/2009

Electronic Signature of Signing Officer or Director

Date