## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED

**DOCUMENT # L04000037424** 05 JUN 16 AM 11: 43 BRAZILIAN HOLDINGS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2010 N.W. 84 AVE. 2010 N.W. 84 AVE. MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 CR2E083 (10/03) Cha-LLC 4. FEI Number 20 - 16 City & State City & State Applied For Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, CLAYTON E Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVE. 20TH FLOOR MIAMI, FL 33122 City 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) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE Addition ☐ Delete TITLE ☐ Change MGR NAME NAME Fumagali, Oscar 2010 N.W. 84 Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33122</u> TITLE Delete TITLE Change Addition MGR NAME NAME Villamizar, Javier 2010 N.W. 84 Avenue Miami, FL 33122 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-S1-ZIP ☐ Change TITLE Delete TITLE ■ Addition 400056392044 06/21/05--01036--016 \*\*50.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this prort as required by Chapter 608, Florida Statutes.

PRINCES NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06/08/05