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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037424

1. Entity Name
BRAZILIAN HOLDINGS, LLC

Principal Place of Business	Mailing Address
2010 N.W. 84 AVE. MIAMI, FL 33122	2010 N.W. 84 AVE. MIAMI, FL 33122

04182006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1622579

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, CLAYTON E
201 SOUTH BISCAYNE BLVE. 20TH FLOOR
MIAMI, FL 33122

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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

400074087494
05/08/06--01004--006 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FUMAGALI, OSCAR
STREET ADDRESS	2010 N.W. 84 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGR
NAME	VILLAMIZAR, JAVIER
STREET ADDRESS	2010 N.W. 84 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Oscar Fumagali 4/27/06 305-421-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #