


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 31 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000037424</b>					
1. Entity Name <b>BRAZILIAN HOLDINGS, LLC</b>					
Principal Place of Business <b>2010 N.W. 84 AVE. MIAMI, FL 33122</b>			Mailing Address <b>2010 N.W. 84 AVE. MIAMI, FL 33122</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1622579</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PARKER, CLAYTON E 201 SOUTH BISCAYNE BLVE. 20TH FLOOR MIAMI, FL 33122</b>			Name <b>Clayton E. Parker</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>201 S. Biscayne Blvd., 20th Floor</b>		
			City <b>Miami</b>	FL	Zip Code <b>33131</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUMAGALI, OSCAR 2010 N.W. 84 AVE. MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103542196 05/31/07--01004--002 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAMIZAR, JAVIER 2010 N.W. 84 AVE. MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>4/25/07</b> Daytime Phone #: <b>305-421-6000</b>		