


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90273 042 \*\*\*\*50.00

<b>DOCUMENT # L04000049628</b> 1. Entity Name <b>BRAZILIAN DOMESTICA L.L.C.</b>			
Principal Place of Business 110 SE 10TH ST., APT. 101K DEERFIELD BEACH, FL 33441		Mailing Address 110 SE 10TH ST., APT. 101K DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # <b>19671 BONAIRE BLVD APT 203 BLDG #3</b>		3. Mailing Address <b>19671 BONAIRE BLVD</b>	
Suite, Apt. #, etc. <b>DELRAY BEACH FL</b>		Suite, Apt. #, etc. <b>APT 203 BLDG #3</b>	
City & State <b>DELRAY BEACH FL</b>		City & State <b>DELRAY BEACH FL</b>	
Zip <b>33446-1770</b>	Country <b>PALM BEACH</b>	Zip <b>33446-1770</b>	Country <b>PALM BEACH</b>
4. FEI Number <b>30-0261172</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  <b>AGENTS AND CORPORATIONS, INC.</b> <b>STE. E, 773 4TH AVENUE NORTH</b> <b>NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>P</b>	NAME <b>COIN, RODNEY</b>	TITLE <input type="checkbox"/> Delete	NAME <b>19671 BONAIRE BLVD APT 203</b>
STREET ADDRESS <b>110 SE 10TH ST. APT. 101K</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>	STREET ADDRESS <b>DELRAY BEACH FL 33446</b>	CITY-ST-ZIP <b>DELRAY BEACH FL 33446</b>
TITLE <b>VP</b>	NAME <b>GOMES, MARIA L</b>	TITLE <input type="checkbox"/> Delete	NAME <b>19671 BONAIRE BLVD APT 203</b>
STREET ADDRESS <b>110 S.E. 10 TH ST. APT.101K</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>	STREET ADDRESS <b>DELRAY BEACH FL 33446</b>	CITY-ST-ZIP <b>DELRAY BEACH FL 33446</b>
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
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.			
<b>SIGNATURE: <i>Rodney Coin</i> RODNEY COIN</b>		<b>2/12/07 561-381-1047</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	