


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00
Secretary of State

DOCUMENT # L19080 1. Entity Name FORTY FOUR CORPORATION	
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Principal Place of Business % WANDERLEY BATISTA DE ALMEIDA 782 LE JEUNE ROAD, #434 MIAMI, FL 33126	Mailing Address % WANDERLEY BATISTA DE ALMEIDA 782 LE JEUNE ROAD, #434 MIAMI, FL 33126
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0146787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE ALMEIDA, WANDERLEY BATISTA
782 LE JEUNE ROAD, SUITE 434
MIAMI, FL 33126**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ALMEIDA, WANDERLEY B.
STREET ADDRESS	65 GENERAL GAUDIE LEY
CITY-ST-ZIP	SAO PAULO, BRASIL,
TITLE	D
NAME	DE ALMEIDA, INGRID KARIN
STREET ADDRESS	65 GENERAL GAUDIE LEY
CITY-ST-ZIP	SAO PAULO, BRASIL,
TITLE	D
NAME	DE ALMEIDA, MARIA JOSE
STREET ADDRESS	235 NORMAN PROCHET
CITY-ST-ZIP	SAO PAULO, BRASIL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2005 1-800-339-4702
Date Daytime Phone #

WANDERLEY B. ALMEIDA