


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90009 041 ****50.00

DOCUMENT # M03000002838	
1. Entity Name DATERRA & BRUZZI LLC	

Principal Place of Business 801 BRICKELL AVE 9TH FLOOR MIAMI, FL 33131	Mailing Address 3801 NE 207TH STREET #1104 AVENTURA, FL 33180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 520 Brickell Key Dr Suite 0-305
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City & State Miami, FL 33131	4. FEI Number 01-0791476	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



04282006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent TRANASGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, O-305 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASCOAL, LUIS N AV. CORONEL SILVA TELLES, 276, CAMPINAS,, SP 13024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sidney Menezes 520 Brickell Key Dr. # 0-305 Miami, FL. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASCOAL, MIGUEL G RUA DR. GUILHERME DA SILVA # 520 CAMPINAS,, SP 13024 <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	MGR PASCOAL, PAULO S CONDOMINIO VILLAGE SANS SOUCI #45 VALINHOS, SP 13100 <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	MGR PASCHOAL, WALTER ALAMEDA DOS IBISCOS # 27 CAMPINAS, SP 13024 <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	MGR PASCOAL, ISABELA 3801 NE 207TH STREET # 1104 AVENTURA, FL 33180 <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	MGR MOLINA, JOSE L RUA IPE ROXO #51 SAO PAULO BRAZIL, 13085 <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:  **Sidney Menezes** **4/28/06** **(305) 514-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #