

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000460

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: BRAZILIAN VOICES, INC.

## Current Principal Place of Business:

18470 NW 19 STREET  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

## Current Mailing Address:

18470 NW 19 STREET  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

FEI Number: 20-2158980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDRADE LIMA, FLAVIA R MS.  
1155 BRICKELL BAY DRIVE  
2611  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IOLE, KATIA  
Address: 18470 NW 19 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: CALLAHAN, PAOLA  
Address: 18470 NW 19 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete  
Name: MUNOZ, ANA O  
Address: 16130 EMERALD COVE  
City-St-Zip: WESTON, FL 33331 US

Title: D ( ) Delete  
Name: ANDRADE LIMA, FLAVIA R MS.  
Address: 1155 BRICKELL BAY DRIVE, 2611  
City-St-Zip: MIAMI, FL 33131 US

Title: T ( ) Delete  
Name: FELIZARDO, ANDREA C  
Address: 65 NW 62 AVENUE  
City-St-Zip: MIAMI, FL 33029 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA C. FELIZARDO

T

04/01/2009

Electronic Signature of Signing Officer or Director

Date