2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000007789

Entity Name: BRAZILIAN SOCIETY OF COSMETIC MEDICINE & SURGERY, INC.

Current Principal Place of Business:

8818 COMMODITY CIRCLE SUITE 40
ORLANDO, FL 32819

New Principal Place of Business:

8810 COMMODITY CIRCLE
17
ORLANDO, FL 32819

Current Mailing Address:

8818 COMMODITY CIRCLE SUITE 40
ORLANDO, FL 32819

New Mailing Address:

8810 COMMODITY CIRCLE
17
ORLANDO, FL 32819

FEI Number: 42-1720176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIRCLE SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8810 COMMODITY CIRCLE
17
ORLANDO, FL 32819 US

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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TEIXWIRA, EDISON DIAS
Address: 10187 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836

Title: VD ( ) Delete
Name: BRAGA, MARIA H
Address: 10187 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete
Name: PIETRUZA, VERA M
Address: 10139 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: SD ( ) Delete
Name: DA SILVA, ELIAS A
Address: 10139 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: SD ( ) Delete
Name: VALLADARES, LUIZ
Address: 1207 STONE HARBOUR RD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TEIXEIRA, EDISON DIAS
Address: 10187 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836

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: EDISON TEIXEIRA PD 04/30/2009
Electronic Signature of Signing Officer or Director — Date