FILED
Jun 01, 2004 8:00 am
Secretary of State

04-21-2004 90040 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025199

1. Entity Name
BRAZILIAN FASHION, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6996 INDIAN CREEK		575 E SAMPLE RD	
Suite, Apt. #, etc. MIAMI BCH		Suite, Apt. #, etc. POMPANO FL 33064	
City & State 33141	DADE	City & State 33064	BRAWARD
Zip	Country	Zip	Country

4. FEI Number 650989042 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VALDECIR PRIMAO

Street Address (P.O. Box Number is Not Acceptable) 4062 EASTRIDGE DR

POMPANO BCH FL 33064

City 1H 954-942-9600 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.

SIGNATURE [signature]
Signature, typed or printed name of registered Agent and title if applicable — DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VALDECIR PRIMAO / PRESIDENT / 4062 EASTRIDGE DR / POMPANO BCH FL 33062	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT / ROSINEY A. OLIVEIRA / SAME ADRESS	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #