FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
AMENDED REPORT
02 NOV 15 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080391

1. Entity Name
CANTO DO BRASIL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2542 UNIVERSITY DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State
Zip: 33065 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032852 ☐ 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: MARISOL SOUZA ANDRADE
Street Address (P.O. Box Number is Not Acceptable)
2542 UNIVERSITY DRIVE
City: CORAL SPRINGS FL Zip Code 33065

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

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

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	PRESIDENT MARISOL SOUZA ANDRADE 2542 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800009029678 11/15/02--01087--002 **61.25
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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 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 #

CR2E034B (12/01)