

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90026 043 \*\*\*150.00

**DOCUMENT # P00000089637**

1. Entity Name

FROM BRAZIL, INC.



Principal Place of Business

8370 WEST FLAGLER STREET NO 120  
MIAMI FL 33144

Mailing Address

8370 WEST FLAGLER STREET NO 120  
MIAMI FL 33144

24022908



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8410 W. FLAGLER ST.

Suite, Apt. #, etc.

204-B

3. Mailing Address

8410 W. FLAGLER ST.

Suite, Apt. #, etc.

204-B

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33144

Country

Zip

33144

Country

4. FEI Number

65-1042337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARRA, CARMEN LUCIA  
8370 WEST FLAGLER STREET NO 120  
MIAMI FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME MARRA, MOACIR  
STREET ADDRESS 8370 WEST FLAGLER STREET NO 120  
CITY-ST-ZIP MIAMI FL 33144

TITLE VD ☐ Delete  
NAME MARRA, CARMEN LUCIA  
STREET ADDRESS 8370 WEST FLAGLER STREET NO 120  
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☐ Delete  
NAME MARRA, REJANE  
STREET ADDRESS 8370 WEST FLAGLER STREET NO 120  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rejane Marra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REJANE MARRA

SEC'Y-DIRECTOR

Date

2/28/04

Daytime Phone #

305-226-1717