


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000089637	
1. Entity Name FROM BRAZIL, INC.	

Principal Place of Business 8410 W. FLAGLER ST 204-B MIAMI, FL 33144	Mailing Address 8410 W. FLAGLER ST 204-B MIAMI, FL 33144
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1042337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARRA, MOACIR 8370 WEST FLAGLER STREET NO 120 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARRA, CARMEN LUCIA 8370 WEST FLAGLER STREET NO 120 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARRA, REJANE 8370 WEST FLAGLER STREET NO 120 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/05-80022-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 **REJANE MARRA** V. P. 11/4/05 305-236-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #