


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 023 ***150.00

DOCUMENT # P00000100350

1. Entity Name
SKINDO BRAZIL SHOW, INC.



Principal Place of Business
1202 SALZEDO ST. #1
CORAL GABLES, FL 33134

Mailing Address
1202 SALZEDO ST. #1
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #
3676 SW 17 ST.

3. Mailing Address
3676 SW 17 ST.

Suite, Apt. #, etc. **68** Suite, Apt. #, etc. **68**

City & State
MIAMI, FL.

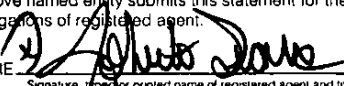
City & State
MIAMI, FL.

Zip **33145** Country **US** Zip **33145** Country **US**

6. Name and Address of Current Registered Agent
DIAS, ROBERTO
1202 SALZEDO ST. #1
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name **ROBEATO DIAS**
 Street Address (P.O. Box Number is Not Acceptable)
3676 SW 17 ST. #68
 City **MIAMI** FL Zip Code **33145**

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  DATE **03/05/07**

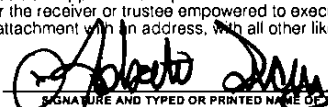
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD DIAS, ROBERTO 1202 SALZEDO ST. #1 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ROBEATO DIAS 3676 SW 17 ST. #68 MIAMI, FL. 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD DIAS, ALTEMAR 1202 SALZEDO ST. #1 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ALTEMAR DEOLIVEIRA DIAS 3676 SW 17 ST. #68 MIAMI, FL. 33145 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **ROBERTO DIAS,** **305-244-4822**
 PRES. **03/05/07**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40033913



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