FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90543 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115734

1. Entity Name
RBRAZIL CORP.

55043960

Principal Place of Business	Mailing Address
168 S.E. 1ST STREET #1103 MIAMI FL 33131	168 S.E. 1ST STREET #1103 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
168 SE 1st Street 700	168 SE 1st Street
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State Miami FL 33131	City & State Miami FL
Zip / Country USA	Zip 33131 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1065983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASCAIS, TANIA 25 S.E. 2ND AVE. SUITE 540 MIAMI FL 33131	Name Andre Nunes Street Address (P.O. Box Number is Not Acceptable) 168 SE 1st Street #700 City Miami FL FL Zip Code 33131

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] DATE 05/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD NUNES, ANDRE P 168 S.E. 1ST STREET MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 04/21/03 305-379-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #