

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90411 024 ***158.75

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000011427 1. Entity Name BRUSA INTERNATIONAL, INC.					
Principal Place of Business 9272 NW 49TH PLACE SUNRISE, FL 33351				Mailing Address 9272 NW 49TH PLACE SUNRISE, FL 33351	
2. Principal Place of Business 3880 LYONS ROAD		3. Mailing Address P.O. BOX 670597			
Suite, Apt. #, etc. # SUITE 107		Suite, Apt. #, etc. 			
City & State COCONUT CREEK		City & State CORAL SPRINGS - FL		4. FEI Number 94-3386445	
Zip 33073		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33067		Country FLORIDA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DESOUZA, NATANAEL P 3880 LYONS RD., #107 COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <div style="text-align: right; margin-top: -20px;">4/29/05 DATE</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="text-align: right; font-size: 1.5em;">\$153.75</div>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESOUZA, NATANAEL P 3880 LYONS RD # 107 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/29/05 9545799333 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone # </div>		