## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Feb 13, 2008 08:00 AM **DOCUMENT # P01000075865 Secretary of State** 1, Entity Name BRAŽIL SIGNS, CORP. Mailing Address 9325 W. OKEECHOBEE RD: COM COM 9325 W. OKEECHOBEE RD. BAY 2 RAY 2 HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 . Marik but kan troop is Africa kilandi kan marikan menangan menangkan menangkan menangkan mengan menangan men Menanggan menangkan pamangan pengan menangkan menangkan menangkan menangan menangkan menggan menangkan menangk CR2E034 (11/05) 02082008 No Chg-P Applied For 4. FEI Number 65-1131480 Not Applicable \$8.75 Additional n all states i del se la comincia della di la salti in dividi deprediscipation della della della della cominat Tra cominato di socia producta i personativa di malla della della cominati state i successi della della della d 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINERVINO, MARLON SR DO NOT WRITE 215 W. 56TH ST. HIALEAH, FL 33012 IN THIS SPACE Transplantation of the second 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 UCOCOCOSSESSO Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. DONATABITE भारति स्थापित गाउँ P8. . . . . MINERVINO, MARLON SR. Q1y4 NAME STREET ADDRESS 215 W. 58TH STREET CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 医邻苯甲基 CITY-ST-ZIP IN THIS SPACE BRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CETY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental opport review and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation of the receiver or trustile 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 accuracy with all other like empowered. SIGNATURE: Marion Minervino Sr. 2/04/08. 305-828-14441

FILED