


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90229 018 ***150.00

DOCUMENT # P01000092768

1. Entity Name
BRAZILIAN IMPORTS INC.



Principal Place of Business Mailing Address

1716 MASON TERR.
 MELBOURNE, FL 32935 1716 MASON TERR.
 MELBOURNE, FL 32935

50016709



2. Principal Place of Business 3. Mailing Address

156-PALMETTO AVE **156-PALMETTO AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

APT # 21 **APT # 21**

04202006 Chg-P CR2E034 (11/05)

City & State City & State

INDIALANTIC-FL **INDIALANTIC-FL**

4. FEI Number Applied For

59-3750419 Not Applicable

Zip Country Zip Country

32.903 **U.S.A.** **32.903** **U.S.A.**

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

MORAIS, LUIZ
 1716 MASON TERR
 MELBOURNE, FL 32935

Name **BRAZILIAN IMPORTS INC.**
 Street Address (PO Box Number if Not Applicable)
MORAIS, LUIZ
156-PALMETTO AVE APT # 21
 City **INDIALANTIC** FL Zip Code **32.903**

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: **04/24/06**

(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, 2006 Fee will be \$550.00

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	PD	<input type="checkbox"/> Delete
NAME	MORAIS, LUIZ	
STREET ADDRESS	1716 MASON TERR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAIS, MARCOS	
STREET ADDRESS	1716 MASON TERR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVEIRA, MARIA	
STREET ADDRESS	1716 MASON TERR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAIS, LUIZ	
STREET ADDRESS	156-PALMETTO AVE # 21	
CITY-ST-ZIP	INDIALANTIC-FL. 32903	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCOS, MORAIS	
STREET ADDRESS	156-PALMETTO AVE # 21	
CITY-ST-ZIP	INDIALANTIC-FL 32903	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVEIRA, MARIA	
STREET ADDRESS	156-PALMETTO AVE # 21	
CITY-ST-ZIP	INDIALANTIC-FL. 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **PRESIDENT: LUIZ MORAIS** Date: **4/24/06** Daytime Phone #: **321-7686868**