2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90097 034 ***150.00

DOCUMENT # P01000109216

1. Entity Name
BRAZILIAN HELP CENTER MORTGAGE, CORP.

Principal Place of Business	Mailing Address
739 E ATLANTIC BLVD. POMPANO BEACH, FL 33060 US	739 E ATLANTIC BLVD. POMPANO BEACH, FL 33060 US

04052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2712 E. ATLANTIC BLVD	2712 E. ATLANTIC BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH - FLORIDA	City & State: POMPANO BEACH - FLORIDA
Zip: 33062 Country: U.S.A	Zip: 33062 Country: U.S.A

4. FEI Number APPLIED FOR 65/154130 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVES, WILSON R
739 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: BRAZILIAN HELP CENTER MORTGAGE, INC
Street Address (P.O. Box Number Is Not Acceptable): 2712 E. ATLANTIC BLVD
City: POMPANO BEACH FL Zip Code 33062

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVES, WILSON R 739 E ATLANTIC BLVD POMPANO BCH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVES, WILSON R 2712 E. ATLANTIC BLVD POMPANO BEACH, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ALVES, DANIELA G 739 E ATLANTIC BLVD POMPANO BCH, FL 33060	☒ 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

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