

FILED  
Feb 24, 2006 08:00 /  
Secretary of State

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    |                                                                                                                                  |                                                                                   |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # P01000112966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                    |                                                                                                                                  |  |         |
| 1. Entity Name<br>BICESSE INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    |                                                                                                                                  |                                                                                   |         |
| Principal Place of Business<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                    | Mailing Address<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                                        |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    | 3. Mailing Address                                                                                                               |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                    | Suite, Apt. #, etc.                                                                                                              |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                    | City & State                                                                                                                     |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country                                                                                                            | Zip                                                                                                                              |                                                                                   | Country |
| 4. Name and Address of Current Registered Agent<br><br>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    | 5. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |         |
| 6. 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 hereby waiving the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                    |                                                                                                                                  |                                                                                   |         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new statement)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |                                                                                                                                  |                                                                                   |         |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                                                                                  |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                   |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |                                                                                   |         |
| D<br>DE AMORIM NETO, ANTONIO BENTO<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                    | D<br>RIVELLI DE AMORIM, MARIA CANDIDA<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                  |                                                                                   |         |
| D<br>ANDRE DE AMORIM, PAULO<br>520 BRICKELL KEY DRIVE, SUITE 0-305<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                    | D<br>AS<br>ROJAS, MARCO E<br>520 BRICKELL KEY DR #0-305<br>MIAMI, FL 33131                                                       |                                                                                   |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |                                                                                   |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   |                                                                                   |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Antonio B. Amorim</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | ANTONIO B. AMORIM                                                                                                  |                                                                                                                                  | FEB 24 2006 (351) 919280065                                                       |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date                                                                                                               |                                                                                                                                  | Daytime Phone #                                                                   |         |