FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91457 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008974

90128088

1. Entity Name
BRASIL FASHION, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE NO 200 MIAMI, FL 33145	2300 CORAL WAY SUITE NO 200 MIAMI, FL 33145

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
777 NW 72 AVE	8317 SW 23RD CT
Suite, Apt #, etc.: MB#2E8	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State: MIRAMAR FL
Zip: 33126 Country: MIA-DADE	Zip: 33025 Country: BROWARD

4. FEI Number 04-3614157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: MARIO ABREU
Street Address (P.O. Box Number is Not Acceptable): 8317 SW 23RD CT
City: MIRAMAR FL Zip Code: 33025

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 MARIO ABREU 04/30/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOZADA, RAMON	NAME	
STREET ADDRESS	2300 CORAL WAY SUITE NO 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: RAMON LOZADA, PRESIDENT 04/30/03 (954) 704-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #