





**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000025075			
1. Entity Name BRAZILIAN WAY, INC.			
Principal Place of Business 85 NE 6 AVE DEERFIELD BCH, FL 33441	Mailing Address 85 NE 6 AVE DEERFIELD BCH, FL 33441		
DO NOT WRITE IN THIS SPACE			
		03182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 30-0065112	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CELCILIANO, ROBERTO 85 NE 6 AVE DEERFIELD BCH, FL 33441		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 03/29/04-80040-023 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	CELCILIANO, ROBERTO		
STREET ADDRESS	85 NE 6 AVE		
CITY - ST - ZIP	DEERFIELD BCH, FL 33441		
TITLE			
NAME			
STREET ADDRESS			
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CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		3-18-04 954-785-7355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	