

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 020 ***150.00

DOCUMENT # P02000025075

1. Entity Name
BRAZILIAN WAY, INC.



Principal Place of Business

95 NE 6 AVE
DEERFIELD BCH, FL 33441

Mailing Address

85 NE 6 AVE
DEERFIELD BCH, FL 33441

40065731



2. Principal Place of Business

437 EAST ATLANTIC BLVD
POMPAÑO BEACH FL 33060

3. Mailing Address

437 EAST ATLANTIC BLVD
POMPAÑO BEACH FL 33060

03302005 Chg-P CR2E034 (10/03)

4. FEI Number

30-0065112

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

6. Name and Address of Current Registered Agent

CELCILIANO, ROBERTO
85 NE 6 AVE
DEERFIELD BCH, FL 33441

7. Name and Address of New Registered Agent

Name

CARLOS BLANSKI

Street

437 EAST ATLANTIC BLVD suite 3

City

POMPAÑO BEACH FL 33060

FL Zip Code
33060

3. 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

04/16/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME CELCILIANO, ROBERTO
STREET ADDRESS 85 NE 6 AVE
CITY-ST-ZIP DEERFIELD BCH, FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Add
NAME CARLOS BLANSKI
STREET ADDRESS 437 EAST ATLANTIC BLVD
CITY-ST-ZIP POMPAÑO BEACH FL 33060

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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; 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

Roberto Celciliano

03/24/2005

(754) 367-0999