

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P02000072310**

1. Entity Name  
**CLASS A BRAZILIAN BOUTIQUE, INC.**

Principal Place of Business  
4145 PELICAN BLVD  
CAPE CORAL, FL 33914

Mailing Address  
4145 PELICAN BLVD  
CAPE CORAL, FL 33914

2. Principal Place of Business  
**13560 Reflection Pkwy**  
Suite 5-501  
City & State  
**FT Myers, FL**  
Zip  
**33908** Country  
**USA**

3. Mailing Address  
**FT MYERS**  
City & State  
**FL**  
Zip  
**33908** Country  
**USA**

4. Certificate Number  
**52-2367533** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**FERRERA ANDREA**  
4145 PELICAN BLVD  
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent  
Name **William Smith, ATTORNEY**  
Street **8191 College Pkwy St #204**  
City **FT MYERS, FL** Zip **33919**

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]* DATE \_\_\_\_\_

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 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing complies with the requirements stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information included 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 taxpayer 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 an attachment with an addressee, with all other like empowerments.

SIGNATURE: *[Signature]* DATE \_\_\_\_\_

70054379

UNRECORDED BY CLERK FROM 05/02/2003 09:00 AM UNTIL 05/02/2003 09:00 AM

CHECK HERE IF MAKING CHANGES

CHECKLIST (10-02)