


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90025 014 \*\*\*150.00

<b>DOCUMENT # P02000130043</b>	
1. Entity Name <b>CWBRAZIL CORPORATION</b>	

Principal Place of Business <b>4115 SAN MARINO BLVD, #303 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>4115 SAN MARINO BLVD, #303 WEST PALM BEACH, FL 33409</b>
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2. Principal Place of Business <b>3701 SW CORUINA CUE WAY</b>	3. Mailing Address <b>3701 SW CORUINA CUE WAY</b>
Suite, Apt. #, etc. <b># 202</b>	Suite, Apt. #, etc. <b># 202</b>
City & State <b>PALM CITY, FL</b>	City & State <b>PALM CITY, FL</b>
Zip <b>34990</b>	Zip <b>34990</b>
Country	Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number <b>14-18660215</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
8. Name and Address of Current Registered Agent <b>TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH, FL 33064</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DE PAULA BORGES, VILMAR</b>		NAME	
STREET ADDRESS <b>4115 SAN MARINO BLVD, #303</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33409</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Vilmar de Paula Borges* **01/29/04** **(561) 7237157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #