2004 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT# P03000002103** 04-09-2004 90062 019 ***150.00 RJRBRAZIL CORPORATION Mailing Address Principal Place of Business 1031 RHAPSODY WAY 1031 RHAPSODY WAY **ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411** 2. Principal Place of Business 3. Mailing Address 54029632 Suite Apt.#. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & Stale 02-0660680 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAX HOUSE CORPORTION Street Address (P 0. Box Number is Not Acceptable) 1261 E Sample Road POMPANO BEACH, FL 33064 Zip Code FI 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. 03/06/2004 **ACCOUNTANT** (NOTE:Registere Agent signature required when reinstating) **FILE NOW! FEE IS \$150.00** 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS **X** Addition Delete TITLE TITLE PRESIDENT RENATO RODRIGUES NAME NAME 1031 RHAPSODY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ROYAL PALM BEACH, FL 33411 Delete Change Addition TITLE VICE-PRESIDENT TITLE LUÇAS M. RODRIGUES NAME STREET ADDRESS 1031 RHAPSODY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 **Addition** Delete DIRECTOR __ ___ TITLE NAME NAME ANTONIO EULER A BOTELHO STREET ADDRESS STREET ADDRESS 4510 NW 61st STREET CITY- ST- ZIF CITY-ST-ZIP **COCONUT CREEK, FL 33073** Addition Delete TITLE TITLE NAME MANIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 11 or Block 12 N 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

Date

Date

Date

Date

Date