

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011546

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** TEXAS DE BRAZIL (MIAMI) CORPORATION

**Current Principal Place of Business:**

11401 NW 12TH ST  
514  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2727 CEDAR SPRINGS ROAD  
DALLAS, TX 75201 US

**New Mailing Address:**

3500 MAPLE AVE STE 430  
DALLAS, TX 75219 US

**FEI Number:** 56-2312462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: IZZEDIN, LEILA  
Address: 3500 MAPLE AVE STE 430  
City-St-Zip: DALLAS, TX 75219 US

Title: VP/D  
Name: ASRAWI, SALIM  
Address: 3500 MAPLE AVE STE 430  
City-St-Zip: DALLAS, TX 75219 US

Title: D  
Name: IZZEDIN, SALAH  
Address: 3500 MAPLE AVE STE 430  
City-St-Zip: DALLAS, TX 75219 US

Title: T  
Name: IZZEDIN, LEILA  
Address: 3500 MAPLE AVE STE 430  
City-St-Zip: DALLAS, TX 75219

Title: CEO  
Name: IZZEDIN, SALAH  
Address: 3500 MAPLE AVE STE 430  
City-St-Zip: DALLAS, TX 75219

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEILA IZZEDIN

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date