2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 91027 011 ***150.00

DOCUMENT # P03000039049

1. Entity Name

BRAZIL BIKINI, CORP.

Principal Place of Business	Mailing Address
100 BAY VIEW DR STE 814 SUNNY ISLES FL 33160	100 BAY VIEW DR STE 814 SUNNY ISLES FL 33160

66426845

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56/2371035 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, ANGELO
100 BAY VIEW DR STE 814
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 11		
TITLE	P/T/S	☐ Delete	TITLE	P/T/S	☒ Change ☐ Addition
NAME	RAMANO, ANGELO		NAME	Romano Angelo	
STREET ADDRESS	100 BAY VIEW DR STE 814		STREET ADDRESS	100 Bay View Dr # 814	
CITY-ST-ZIP	SUNNY ISLES FL 33160		CITY-ST-ZIP	Sunny Isles Fl 33160	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	Matos, Ana M		NAME	Matos, Ana M	
STREET ADDRESS	210 NW 174-20 ST #2014		STREET ADDRESS	210 NW 174-20 ST #2014	
CITY-ST-ZIP	North Miami Beach, Fl 33160		CITY-ST-ZIP	North Miami Bch, Fl 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] A Romano 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #