

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 046 ***150.00

DOCUMENT # P03000067032 1. Entity Name BRAZIL PARADISE, INC.					
Principal Place of Business 168 SE 1ST ST STE 1140 MIAMI, FL 33131			Mailing Address 168 SE 1ST ST STE 1140 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 15957 SW 7th St Suite, Apt. #, etc.		3. Mailing Address 15957 SW 7th St Suite, Apt. #, etc. Pembroke Pines - FL			
City & State Pembroke Pines - FL		City & State Pembroke Pines - FL		4. FEI Number 56-2370195	
Zip 33027		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCO, ANNELIESE 168 SE 1ST ST STE 1140 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Anneliese Franco</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FRANCO, ANNELIESE 168 SE 1ST ST STE 1140 MIAMI, FL 33131		<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Anneliese Franco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date: Daytime Phone #</small>	

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