1of2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000071495

1. Entity Name

MILA BRAZIL, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 AM 9:42

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12179 SW 131 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33186 Country: DADE	Zip / Country

4. FEI Number: 72-1567232 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HENRIQUES, LUDIMILA M

Street Address (P.O. Box Number is Not Acceptable): 9059 SW 133 Court *D

City: MIAMI FL Zip Code: 33186

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: x Ludimila Henriques

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

10/12/05--01004--001 **150.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PST.
NAME	HENRIQUES, LUDIMILA M
STREET ADDRESS	9059 SW 133 COURT *D
CITY-ST-ZIP	MIAMI, FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Ludimila Henriques.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

Please be advise that we moved to 12179 SW 131 AVENUE – MIAMI , FL 33186 and we did not receive the U.B.R. for 2005 or any other notice from the Division of Corporations in respect with the Corporation **MILA BRAZIL, INC.**

Thank you for your courtesy in this matter.

x Ludimila Henriques

LUDIMILA M HENRIQUES
AGENT REGISTERED