


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 043 \*\*\*558.75

<b>DOCUMENT # P03000087462</b>	
1. Entity Name <b>BRAZILIAN SPICES, INC.</b>	

Principal Place of Business <b>1195 LYNRRIDGE LN NE PALM BAY, FL 32907-2254 US</b>	Mailing Address <b>83 SPEEN ST., 2ND FLOOR NATICK, MA 01760-4168 US</b>
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**54068958**

2. Principal Place of Business <b>5416 W. Atlantic Blvd</b>	3. Mailing Address <b>5416 W. Atlantic Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Margate, FL</b>	City & State <b>Margate, FL</b>
Zip <b>33063</b>	Country <b>USA</b>
City & State <b>Margate, FL</b>	City & State <b>Margate, FL</b>
Zip <b>33063</b>	Country <b>USA</b>

08052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0159181</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>COMPANY EXPRESS (DELAWARE) LIMITED, INC. 1195 LYNRRIDGE LN NE PALM BAY, FL 32907-2254</b>	
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7. Name and Address of New Registered Agent	
Name <b>ROSANA A. SANTOS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5416 W. ATLANTIC BLVD</b>	
City <b>MARGATE</b>	Zip Code <b>FL 33063</b>

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: <i>Rosana A Santos</i>	DATE: <b>08/18/04</b>
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>PVTS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SANTOS, ROSANA A</b>		NAME <b>SANTOS, ROSANA A.</b>	
STREET ADDRESS <b>5416 W. ATLANTIC BLVD.</b>		STREET ADDRESS <b>5416 W. Atlantic Blvd.</b>	
CITY-ST-ZIP <b>MARGATE, FL 33063</b>		CITY-ST-ZIP <b>Margate, FL 33063</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rosana A Santos</i>	DATE: <b>08/18/04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
<small>Date Daytime Phone #</small>	