

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013782

FILED
Jan 04, 2006
Secretary of State

Entity Name: BRAZILCOR, INC.

Current Principal Place of Business:

1000 S OCEAN BLVD #17B
POMPANO BCH, FL 33062

New Principal Place of Business:

1000 S OCEAN BLVD
#17B
POMPANO BCH, FL 33062

Current Mailing Address:

1000 S OCEAN BLVD
#17B
POMPANO BCH, FL 33062

New Mailing Address:

FEI Number: 52-2437915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMIRZA, PAUL
1000 S OCEAN BLVD
#17B
POMPANO BCH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEMIRZA, PAUL
Address: 1000 S OCEAN BLVD #17B
City-St-Zip: POMPANO BCH, FL 33062

Title: DVST () Delete
Name: DEMIRZA, SINALVA
Address: 1000 S OCEAN BLVD #17B
City-St-Zip: POMPANO BCH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL DEMIRZA

DP

01/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date