

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90005 040 ***150.00

DOCUMENT # P04000029054 1. Entity Name BRAZUSA CORPORATION					
Principal Place of Business 1724 MOSAIC FOREST DR SEFFNER, FL 33584			Mailing Address 1724 MOSAIC FOREST DR SEFFNER, FL 33584		
2. Principal Place of Business 6405 SEA LAVENDER LN		3. Mailing Address 6405 SEA LAVENDER LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 20-0742445	
Zip 33625		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MONTEIRO, JOSE C 1724 MOSAIC FOREST DR SEFFNER, FL 33584			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6405 SEA LAVENDER LN City TAMPA FL Zip Code 33625		
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  JOSE C. MONTEIRO 8-6-05 <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTERO, JOSE C <input type="checkbox"/> Delete 1724 MOSAIC FOREST DR SEFFNER, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6405 SEA LAVENDER LN TAMPA, FL 33625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RODRIGUEZ DO SANTOS, JOSE DILSON 814 PROVIDENCE TERRACE CR 204 BRANDON, FL 33584		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KARLOS MICHEAL MONTEIRO 6405 SEA LAVENDER LN TAMPA, FL 33625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete KARLOS LEONARDO MONTEIRO 6405 SEA LAVENDER LN TAMPA, FL 33625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			8-6-05 813-333-1088 <small>Date Daytime Phone #</small>		

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