

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071787

FILED  
May 01, 2007  
Secretary of State

Entity Name: BRAZILIAN TROPICANA INVESTMENT GROUP INC.

## Current Principal Place of Business:

410 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH, FL 33062

## New Principal Place of Business:

7880 GLADES ROAD  
BOCA RATON, FL 33434

## Current Mailing Address:

410 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH, FL 33062

## New Mailing Address:

7880 GLADES ROAD  
BOCA RATON, FL 33434

FEI Number: 20-1096041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIBERATORE, MICHAEL J  
410 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

LIBERATORE, MICHAEL J  
7880 GLADES ROAD  
BOCA RATON, FL 33434 US

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:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIBRATORE, DALVA R  
Address: 4911 SUARES ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete  
Name: OLIVEIRA, CENIRA FALCAO  
Address: 1228 NW 50TH ST.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S ( ) Delete  
Name: LIBERATORE, MICHAEL J  
Address: 4911 SUAREZ ST.  
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Delete  
Name: INFANTE, KENT C  
Address: 1228 NW 50TH ST.  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LIBERATORE, DALVA R  
Address: 4911 SUARES ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: V (X) Change ( ) Addition  
Name: LIBERATORE, MICHAEL  
Address: 4911 SUAREZ STREET  
City-St-Zip: CORAL GABLES, FL 33146

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 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: MICHAEL J. LIBERATORE

V

05/01/2007

Electronic Signature of Signing Officer or Director

Date