

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90021 046 ***150.00

DOCUMENT # P04000114484

1. Entity Name
THE BRAZILIAN BIKINI STORE.COM, INC.



Principal Place of Business
**7805 CRESPI BLVD., #3
MIAMI BEACH, FL 33141**

Mailing Address
**7805 CRESPI BLVD., #3
MIAMI BEACH, FL 33141**



2. Principal Place of Business
BRAZILIAN BIKINI STORE.COM

3. Mailing Address
7805 CRESPI BLVD #3

Suite, Apt. #, etc.
7805 CRESPI BLVD #3

Suite, Apt. #, etc.
MIAMI BEACH - FL

City & State
MIAMI BEACH - FL

City & State
MIAMI BEACH - FL

06242005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2282271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MELIM, JERONYMO N
7805 CRESPI BLVD. #3
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
MELIM, JERONYMO N
7805 CRESPI BLVD., #3
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELIM, JERONYMO N
7805 CRESPI BLVD., #3
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/05

Date

305-4983960

Daytime Phone #