


**2006 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000130772</b> 1. Entity Name DETAILS FROM BRASIL, INC.	
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Principal Place of Business 11841 SW 100TH STREET MIAMI, FL 33186	Mailing Address 11841 SW 100TH STREET MIAMI, FL 33186
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1647451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BERMUDEZ, LIANA 18841 SW 100TH STREET MIAMI, FL 33186
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when refiling)  
Signature, typed or printed name of registered agent and date if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMUDEZ, LIANA 11841 SW 100TH STREET MIAMI, FL 33186
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02/08/06-80092-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Liana Bermudez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/06  
Date

Daytime Phone #