

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90017 034 ***150.00

DOCUMENT # P04000151800

1. Entity Name
MINAS RIO, INC.



Principal Place of Business
**13581 EAGLE RIDGE DRIVE
APT 1421
FORT MYERS, FL 33912**

Mailing Address
**13581 EAGLE RIDGE DRIVE
APT 1421
FORT MYERS, FL 33912**

50007617



2. Principal Place of Business

3086 Cleveland Ave
Suite, Apt. #, etc.

3. Mailing Address

3086 Cleveland Ave
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State

Ft Myers, FL

City & State

Ft Myers FL

4. FEI Number
20-1921033

Applied For
☐ Not Applicable

Zip
33901

Country
USA

Zip
33901

Country
USA

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

6. Name and Address of Current Registered Agent

**BRASILEIRO, MARCOS
13581 EAGLE RIDGE DRIVE
APT 1421
FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name
Brasileiro Marcos

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

City
Lehigh Acres

FL

Zip Code
33972

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

(NOTE: Registered Agent signature required when reinstating)

~ Marcos Brasileiro, Pres. 3-26-06
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
BRASILEIRO, MARCOS
13581 EAGLE RIDGE DRIVE, APT 1421
FORT MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MALAFAIA, RAFAEL
13581 EAGLE RIDGE DRIVE, APT 1421
FORT MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BRASILEIRO, ELZINEIA
13581 EAGLE RIDGE DRIVE, APT 1421
FORT MYERS, FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Brasileiro, Marcos
903 Grant Ave
Lehigh Acres, FL 33972** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
malafaia, Rafael
1216 Clopton St E
Lehigh Acres, FL 33936** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Brasileiro Elzineia
903 Grant Ave
Lehigh Acres, FL 33972** ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~ Marcos Brasileiro, Pres. 3-26-06 239-334-433