


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000151800</b> 1. Entity Name MINAS RIO, INC.	
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Principal Place of Business 3086 CLEVELAND AVE FORT MYERS, FL 33901	Mailing Address 3086 CLEVELAND AVE APT 1421 FORT MYERS, FL 33901
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04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1921033	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  BRASILEIRO, MARCOS 903 GRANT AVE LEHIGH ACRES, FL 33972
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRASILEIRO, MARCOS 903 GRANT AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALAFAIA, RAFAEL 1216 CLOPTON ST E LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRASILEIRO, ELZINEIA 903 GRANT AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000729392 05/08/07-80038-009 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** \_\_\_\_\_ **4-16-07** **239-334-6433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #