

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90348 026 \*\*\*150.00

**DOCUMENT # P05000032438**



1. Entity Name  
**OFF TO BRAZIL, CORP.**

Principal Place of Business      Mailing Address  
**15411 SW 144 AVE**      **15411 SW 144 AVE**  
**MIAMI, FL 33177 US**      **MIAMI, FL 33177 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01262006      Chg-P      CR2E034 (11/05)



4. FEI Number      Applied For  
**20-2607981**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIANA, GIOVANNI**  
**15411 SW 144 AVE**  
**MIAMI, FL 33177**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      P       Delete  
 NAME      **VERONESE, CAROLINA**  
 STREET ADDRESS      **15411 SW 144 AVE**  
 CITY-ST-ZIP      **MIAMI, FL 33177**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      VP       Delete  
 NAME      **VIANA, GIOVANNI**  
 STREET ADDRESS      **15411 SW 144 AVE**  
 CITY-ST-ZIP      **MIAMI, FL 33177**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Carolina Veronese      **CAROLINA VERONESE**      04/12/06      7865732279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #