

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000093952

1. Entity Name  
BRAZILIANAIRE MUSIC MARKETING, INC.



Principal Place of Business  
1050 93RD ST. 6C  
BAY HARBOUR ISLANDS, FL 33154

Mailing Address  
1050 93RD ST. 6C  
BAY HARBOUR ISLANDS, FL 33154

FILED

07 SEP 18 AM 9:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA



09132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3108152

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DE SOUZA, JOSE EUGENIO M  
1050 93RD ST. 6C  
BAY HARBOUR ISLANDS, FL 33154

**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 \_\_\_\_\_

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 14, 2007**

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 PD  
NAME DE SOUZA, JOSE EUGENIO M  
STREET ADDRESS 1050 93RD ST. 6C  
CITY-ST-ZIP BAY HARBOUR ISLANDS, FL 33154

TITLE SD  
NAME DE SOUZA, VANESSA GOMES  
STREET ADDRESS 1050 93RD ST. 6C  
CITY-ST-ZIP BAY HARBOUR ISLANDS, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000109550450  
09/18/07--01015--018 \*\*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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/07

(305) 519-4457

Date

Daytime Phone #