## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2008 8:00 am DOCUMENT # P06000024321 Secretary of State JV BRASIL TRAVEL & SERVICES, CORP. 03-24-2008 90056 026 \*\*\*150.00 Principal Place of Business Mailing Address 2842 SW PORT ST LUCIE BLVD 2842 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Cha-P City & State City & State 4, FEI Number Applied For 20-4336584 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALERIA CARNEIRO, VALERIA S ber is Not Acceptable 10520 SW WATERWAY LN PORT ST LUCIE, FL 34987 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 lamiliar the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE CARNIERD, VALERIA S. 11463 SW KINGS LAKE DR CARNEIRO, VALERIA S NAME NAME STREET ADDRESS STREET ADDRESS 10520 SW WATERWAY LN CITY-ST-ZIP PORT ST LUCIE, FL 34987 CITY-ST-ZIP PORT ST. LUCIE. FL 34987 X, Addition Delete TITLE ☐ Change NAME Pereira IR, Alberto Si STREET ADORESS STREET ADDRESS 2525 SW HINCHMAN STREET CITY - ST - ZIP CITY-ST-ZIP PORT ST LUCIE. FZ 34984 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filling 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\*\*

\*\*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR\*

\*\*Daysine Priore\*\*

\*\*Daysine Priore\*\*