## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000047233

City-St-Zip:

PLANTATION, FL 33324

Entity Name: BRAZILIAN GYPSUM, INC.

**FILED** Apr 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2335 N.W. 107TH AVE.- BOX 133 2315 NW 107TH AV. WAREHOUSE 1A16 DORAL, FL 33172 **BOX 133** DORAL, FL 33172 **Current Mailing Address: New Mailing Address:** 2335 N.W. 107TH AVE.- BOX 133 2315 NW 107TH AV. WAREHOUSE 1A16 DORAL, FL 33172 **BOX 133** DORAL, FL 33172 FEI Number: 20-4622135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYSLEI, CHIRICO C 301 CRAWFORD BLVD., #210-A BOCA RATON, FL 33432 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DOMINGOS, ALFREDO NAJA Name: Name: 7515 N.W. 44TH STREET, APT #106 Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: Title: () Delete () Change () Addition TREVO LTDA, GESSO Name: Name: RODOVIA PE, 630 KM 03 Address: Address: TRINDADE, PE 56250-000, City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition RUSSO CARNEIRO, RAFAEL LUIS Name: Name: 122 WIMBLEDOM LAKE DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALFREDO NAJA DOMINGOS PD 04/20/2007