

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90257 042 ***150.00

DOCUMENT # P06000104103 1. Entity Name LATINO BRAZILIAN MARKET, INC.					
Principal Place of Business 4594 HIPOLUXO ROAD LAKE WORTH, FL 33461			Mailing Address 4594 HIPOLUXO ROAD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box # 4594 HIPOLUXO RD.			3. Mailing Address 4594 HIPOLUXO RD.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LAKE WORTH, FL			City & State LAKE WORTH, FL		
Zip 33461		Country US.		Zip 33461	
Country US.		4. FEI Number 20-5348384			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LUCIO, FLAVIO J 5162 NW 51ST AVE COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name COELHO JR., FRANCISCO B. Street Address (P.O. Box Number is Not Acceptable) 12328 WEDGE WAY City BOYNTON BEACH, FL Zip Code 33437		
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: X 4-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COELLO, FRANCISCO JR 7078 AVY CROSSING LANE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T. COELHO JR., FRANCISCO B. 12328 WEDGE WAY BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.S. COELHO, ELIANE SOARES 12328 WEDGE WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: X 4-30-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					