2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000017565

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90075 034 ***150.00

BRAZUSA AMERICA, CORP.								
Principal Plac	e of Business	Mailing Address	l- 		01941			
6120 NW 12	6 PL/	6120 NW 116 PL		400	0.0			
#413 #413 PODAY EL 22170								
DORAL, FL 2	/ 3178	DORAL, FL-33178		(81) 81)		P) BB	HIKA OKOR BIII	
7225	lace of Business - No P.O. Bok #	3. Mailing Address	25thstneet					
Suite, Apt.	te 4203	Suite, Adt. #, etc.// 20	ጓ	01152008	Chg-P	CR2E034	(12/06)	
City & State	ami FL	City & State	Fi	4. FEI Numbi		ಬ		plied For t Applicable
Zip 入 2	1 1) Country	Zip 2 3 1 3 1	Coupley SA	5. Certificate	of Status Desired		3.75 Add e Required	
زر	6. Name and Address of Current	V -> 1 N N		7. Name and	Address of New			1
			Name/	' N	() en	tki Ci	1	
PETTENG 6120 NW 1	ILI/, FALVIO G	Street Addres	s (P.O. Box Numb	er is Not Acceptab	ne)			
#413 /	10.09				1- 7. 0		·	
DORAL, F	33178	7225	7225 NW 25th Stheet #203					
	/////		City	MIAIM	,	FL	Zip Cog	13122
8. The above	named entity submits this statement to	r the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of F	lorida. I am tan	niliar with, a	and accept
the obligat	ions of registerad again.					1/10	/, ,	D D
SIGNATURE						1/13/	2000	<u>. </u>
	Signature, typed or priviled name of legistered agent.	and title if applicable (NOTE F	Registered Agent signature requ	iired when reinstating)	<u> </u>	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OF	FICERS AND D	RECTORS	IN 11
TITLE	PD PETTENON ELANGO	☐ Delete	TALE				Change	Addition
NAME STREET ADDRESS	PETTENGILL, FLAVIO G 6120 NW 116 PL #413		NAME STREET ADDRESS					
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP					
TITLE		☐ Delete	TILLE				Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Г		Addition
NAME			NAME			_	_ oag	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-SI-ZIP		·			
TITLE NAME		☐ Delete	11TLE NAME] Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE] Change	Addition
NAME COSEL ANDRES			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Г] Change	T Addition
NAME		∟ Uelele	NAME			L] Change	Addition
STREET ADDRESS	•	,	STREET ADDRESS					
CITY-ST-ZIP		<i>f</i>	CiTY-SI-ZIP					
 I hereby of indicated of the corp 	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trusted and	this filing does not qualify for to true and accurate and that my wered to execute this report as	he exemptions contain signature shall have the required by Chanter 6	ied in Chapter 119 le same legal effections. SO7, Florida Statute), Florida Statutes. It as if made under	I further certify oath; that I am	that the int	formation or director Block 11 if