2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# P08000036616

Entity Name: BRASMED BRAZIL, INC.

Current Principal Place of Business:

921 SOUTH PARK ROAD
SUITE 309
HOLLYWOOD, FL 33021

New Principal Place of Business:

2821 NORTH EAST 163 STREET
SUITE 6-C
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

921 SOUTH PARK ROAD
SUITE 309
HOLLYWOOD, FL 33021

New Mailing Address:

2821 NORTH EAST 163 STREET
SUITE 6-C
NORTH MIAMI BEACH, FL 33160

FEI Number: 26-2453032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOARES, CARLOS R
921 SOUTH PARK ROAD
SUITE 309
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SOARES, CARLOS R
2821 NORTH EAST 163 STREET
SUITE 6-C
NORTH MIAMI BEACH, FL 33160 US

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: CARLOS R SOARES 02/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SOARES, CARLOS R
Address: 921 SOUTH PARK ROAD SUITE 309
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SOARES, CARLOS R
Address: 2821 NORTH EAST 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Change (X) Addition
Name: SOARES, ISABEL C
Address: 2821 NORTH EAST 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CARLOS R SOARES PSD 02/28/2009
Electronic Signature of Signing Officer or Director Date