

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078619

FILED
May 08, 2009
Secretary of State

Entity Name: SABOROSA BRAZILIA SAUSAGE & MEATS INC.

Current Principal Place of Business:

7919 KOSI PALM PL
102
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7919 KOSI PALM PL
102
TAMPA, FL 33615

New Mailing Address:

PO BOX 261434
TAMPA, FL 33685

FEI Number: 46-0520846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, WATIFA
7919 KOSI PALM PL.
102
TAMPA, FL, FL 33615 US

Name and Address of New Registered Agent:

MOREIRA, WATIFA
7919 KOSI PALM PL.
102
TAMPA, FL 33615 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: WATIFA MOREIRA

05/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOREIRA, WATIFA
Address: 7919 KOSI PALM PL 102
City-St-Zip: TAMPA, FL 33615

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: DA SILVA, GUSTAVO
Address: PO BOX 261434
City-St-Zip: TAMPA, FL 33615

Title: T () Change (X) Addition
Name: DA SILVA, FABIANO
Address: PO BOX 261434
City-St-Zip: TAMPA, FL 33685

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: WATIFA MOREIRA

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date