



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000026498	
1. Entity Name TRANS BRAZILIAN ENTERPRISES OF PALM BEACH, INC.	

Principal Place of Business 167 NE 2ND AVE 2ND FLOOR DELRAY BEACH, FL 33444	Mailing Address 167 NE 2ND AVE 2ND FLOOR DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE

FILED
06 JUL 13 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


05/09/06 90079 031 \$150.00
07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0657845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

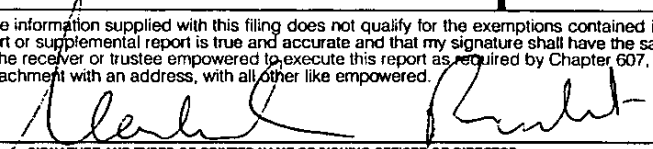
6. Name and Address of Current Registered Agent DAS CHAGAS, MARLENA 167 NE 2ND AVE 2ND FLOOR DELRAY BEACH, FL 33444	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAS CHAGAS, MARLENA 167 NE 2ND AVE DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAS CHAGAS, ITAMAR 167 NE 2ND AVE DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/7/18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #