

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000029795

Entity Name: OTTO DE SOUZA AGUIAR, INC.

**FILED**  
**Jun 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

901 CYPRESS GROVE DR #201  
POMPANO BCH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 CYPRESS GROVE DR #201  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 65-0669609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGUIAR, ELLEN  
901 CYPRESS GROVE  
STE. 201  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: AGUIAR, OTTO  
Address: 901 CYPRESS GROVE DR.  
City-St-Zip: POMPANO BEACH, FL

Title: O  
Name: AGUIAR, ELLEN  
Address: 3009 PALM AIRE DR N.  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: ELLEN AGUIAR

O

06/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date