
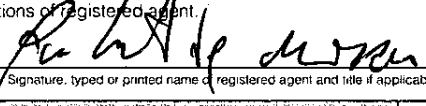
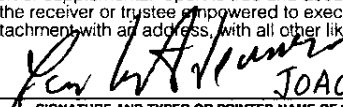


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90035 029 \*\*\*150.00

<b>DOCUMENT # P96000079570</b> 1. Entity Name <b>BRAZILIAN SOCCER TRAINING CENTER, INC.</b>																																																																																																																																																											
Principal Place of Business <b>1876 79 ST LAUSEWAY NORTH BAY VILLAGE FL 33141</b>			Mailing Address <b>PO BOX 547191 SURSIDE FL 33154</b>																																																																																																																																																								
2. Principal Place of Business <b>2507 NE 135TH ST</b>			3. Mailing Address  																																																																																																																																																								
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  																																																																																																																																																								
City & State <b>NORTH MIAMI FL</b>			City & State  																																																																																																																																																								
Zip <b>33181</b>		Country  		Zip  																																																																																																																																																							
Country  		Country  		4. FEI Number <b>65-0695652</b>																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent  <b>DE MORAES, JOAO R 1876 -79 ST CAUSEWAY NORTH BAY VILLAGE FL 33141</b>				7. Name and Address of New Registered Agent Name <b>DE MORAES, JOAO R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2507 NE 135TH STREET</b>  City <b>NORTH MIAMI</b> <b>FL</b> Zip Code <b>33181</b>																																																																																																																																																							
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  DATE <b>3-30-04</b> <small>(NOTE: Registered Agent signature required when reinstating.)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DE MORAES, JOAO R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 547191</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SURSIDE FL 33154</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DE MORAES, JOAO R		NAME			STREET ADDRESS	PO BOX 547191		STREET ADDRESS			CITY-ST-ZIP	SURSIDE FL 33154		CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>JOAO R DE MORAES</b> <b>3-30-04 - 305-865-8020</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											