


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000088976 1. Entity Name BRAZILIAN ESTATES, INC.	
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Principal Place of Business 1194 OLD DIXIE HIGHWAY WEST PALM BEACH, FL 33403	Mailing Address 1194 OLD DIXIE HIGHWAY APT. N17 WEST PALM BEACH, FL 33403
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04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0704973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

STITT, WILLIAM  
1194 OLD DIXIE HIGHWAY  
WEST PALM BEACH, FL 33403

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PVTS
NAME	STITT, WILLIAM E
STREET ADDRESS	1194 OLD DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	D
NAME	STITT, WILLIAM E
STREET ADDRESS	840 BARCELONA DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000158938  
05/10/04-80010-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 561-4450035  
Date Daytime Phone #