2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

ANNOAL REPORT		
DOCUMENT # P98000043302 1. Entity Name 324 BRAZILIAN AVENUE, INC.		
Principal Place of Business 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414	Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414	
	· · · · · · · · · · · · · · · · · · ·	

01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0839121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III PA **DO NOT WRITE** 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DE MENDOZA, MARIO G III U00000259610 STREET ADDRESS 12765 FOREST HILL BOULEVARD, STE 03/11/05-80032-001 150.00 CITY-ST-ZIP WELLINGTON, FL 33414 **PSTD** TITLE FOX, ROGER J MAME STREET ADDRESS 12765 FOREST HILL BOULEVARD, STE 1302 CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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: X 3/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSET J. Fox, President X 3/9/05

Date Destine Phone *