

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90033 045 \*\*\*158.75

<b>DOCUMENT # P98000054675</b>					
<b>1. Entity Name</b> <b>BRASICASH, INC.</b>					
<b>Principal Place of Business</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144 US</b>			<b>Mailing Address</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144 US</b>		
<b>2. Principal Place of Business</b> <b>601 SW 57TH AVE.</b> Suite, Apt. #, etc. <b>SUITE G</b> City & State <b>MIAMI, FL</b> Zip <b>33144</b>		<b>3. Mailing Address</b> <b>2121 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 240</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33134</b>		<b>44006256</b> 	
FEI Number <b>01212004</b>		Chg-P <b>CR2E034 (10/03)</b>		Applied For <input type="checkbox"/>	
Not Applicable <input type="checkbox"/>		<b>4. FEI Number</b> <b>65-0854782</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PRATS, GABRIEL</b> <b>2121 PONCE DE LEON BLVD</b> <b>STE 240</b> <b>CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIVAR, LUCIANO C</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DE SOUZA GAYOSO, EMMANUEL M</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIVAR, SERGIO P</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AZEVEDO, JOSE F</b> <b>5919 S.W. 8TH COURT</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			<b>1-29-04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
DAYTIME PHONE #			<b>305-2645001</b>		