2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000050587

1. Entity Name AQUARELA BRASILEIRA, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90531 035 ***150.00

Suite, Apt. #, etc. Cry & State Cry &	8410 WEST F CORAL POINT MIAMI FL 331	44	Mailing Address 8410 WEST FLALER STREET UNIT 113-B CORAL POINT PLAZA MIAMI FL 33144					
Cry & Silve Cry & State Country E. Country	2. Principal F	lace of Business	3. Mailing Address				i semilons sin sulta sonis dariti nosis natiti natiti dariti dariti dariti dariti dariti sulti sulti sulti sult	
Zip Country Zip Country 5. Certificate of Status Desired St.75 Additional year Properties St.75 Additional year Prope	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Projuction S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. N	City & Stat	е	City & State				65-1929462	
DE MEDIFICOS, DENISE B145 NW 7 STREET Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip Count		ntry	_	5 Certificate of Status Desired S8.75 Additional	
Street Address (P.O. Bax Number is Not Acceptable)		6. Name and Address of Current I	egistered Agent				7. Name and Address of New Registered Agent	
Size Address P.O. Box Number is Not Acceptable					Name			
MIAMI FL 33126 8. The above named analys submits his statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the official state of Florida and familiar with, and accept the official state of Florida. I am familiar with, and accept the official state of Florida. I am familiar with, and accept the official state of Florida. I am familiar with, and accept the official state of Florida. I am familiar with, and accept the official state of Florida. I am familiar with, and accept the official state of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the depth of Florida. I am familiar with, and accept the office of registered agent, or both, in the State of Florida. I am familiar with, and accept the depth of Florida. I am familiar with, and accept the depth of Florida. FILE WOW!!! FEE IS \$150.00			Street Address		dress (F	P.O. Box Number is Not Acceptable)		
8. The above namet entry 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 offigations of registered agent. SIGNATURE Softwar upon or presentations of registered agent. SIGNATURE Softwar upon or presentations. SIGNATURE Softwar upon or presentation. SIGNATURE SIGNATU	#522	\wedge						
The defigeations of regiliterior of the processed agent and approximate the accidation. (NOTE Registered Agent agenture resumed when renationing) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DE MEDEIROS, DENISE SINEET ADDRESS CITY-51-2P TITLE Delete TITLE D	MIAMI FL	33126			City		FL Zip Code	
### After May 1, 2003 Fee will be \$550.00 May 8e Added to Fees Make Check Payable to Florida Department of State 10.	SIGNATURE HEALURG							
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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		☐ Delete	NAM STRE	E Et address		☐ Change ☐ Addition	
indicated on this report or supplemental report is thus and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	ertify that the info∮mation supplied with	this filling does not qualify for	NAM STRE CITY the exe	E ET ADDRESS -ST-ZIP	d in Sec	ction 119.07(3)(i), Fiorida Statutes. I further certify that the information	

of the corporation or the redeiven 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:

Date Daytime Phone #