

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 017 ***150.00

DOCUMENT # P99000100320

1. Entity Name

EDDIE SILVA BRAZIL WOODWORK, CORP.



Principal Place of Business

1260 S.E. 2ND STREET
SUITE #2
DEERFIELD BEACH FL 33441

Mailing Address

1260 S.E. 2ND STREET
SUITE #2
DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8801 32ND AVE - 1ST FLOOR

Suite, Apt. #, etc.

EAST ELMHURST

City & State

NEW YORK, NY

Zip

11369

Country

USA

4. FEI Number

65-0867665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENESIS ACCYT. SER. CORP.
1500 SE 3RD COURT, SUITE 100
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **EDDIE SILVA**

Street Address (P.O. Box Number is Not Acceptable)

1260 SE 2ND STREET SUITE # 2

City **DEERFIELD BEACH**

FL

Zip Code **33441**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **SILVA, EDVALDO BARROS**
STREET ADDRESS **1260 S.E. 2ND STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **SILVA, EDVALDO BARROS**
STREET ADDRESS **1260 S.E. 2ND STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/05

Date

(646) 805-8160

Daytime Phone #