

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008544  
 1. Entity Name  
 CENTRAL FLORIDA BRAZILIAN-AMERICAN CHAMBER OF COMMERCE, INC.



Principal Place of Business  
 797 NORTH ORANGE AVE  
 ORLANDO, FL 32801

Mailing Address  
 797 NORTH ORANGE AVE  
 ORLANDO, FL 32801



04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3694145

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ANDERSON, WENDY  
 200 S. ORANGE AVENUE  
 SUITE 2300  
 ORLANDO, FL 32801

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDMAN-GONZALEZ, LINDA 5900 LAKE ELLENOR DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTOYA, JORGE L 1400 W FAIRBANKS AVENUE SUITE 102 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, WENDY 100 S ORANGE AVE., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARLOS 200 S ORANGE AVENUE 12TH FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTINI, AUZELIO 797 NORTH ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000361748  
 05/05/05-80089-018 61.25

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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 617, 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: JORGE L. OTOYA Date: 4/29/05 Daytime Phone #: 407-629-1944