


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 039 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, WENDY 200 S. ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801				Name <i>Anderson, Wendy</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 S. Orange Avenue</i> <i>Ste 200</i> <i>Orlando</i> FL Zip Code 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>Auzelio SANTINI</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDMAN-GONZALEZ, LINDA		NAME	<i>4840 New BROAD STREET</i>	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE		STREET ADDRESS	<i>ORLANDO, Florida 32814</i>	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<i>William DE LATORRE</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTOYA, JORGE L		NAME	<i>6400 CARRIER DRIVE</i>	
STREET ADDRESS	1400 W FAIRBANKS AVENUE SUITE 102		STREET ADDRESS	<i>ORLANDO, FL 32819</i>	
CITY-ST-ZIP	WINTER PARK, FL 32780		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WENDY		NAME		
STREET ADDRESS	100 S ORANGE AVE., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CARLOS		NAME		
STREET ADDRESS	200 S ORANGE AVENUE 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTINI, AUZELIO		NAME		
STREET ADDRESS	797 NORTH ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Wm De La Torre</i>				Date: <i>4-28-06</i> Daytime Phone #: <i>407-206-5102</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					