

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005412

FILED  
Apr 15, 2007  
Secretary of State

**Entity Name:** BRAZILIAN INTERNATIONAL BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

7005 NORTH WATERWAY DRIVE  
SUITE 302  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7005 NORTH WATERWAY DRIVE  
SUITE 302  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIMENES, SONIA R  
7005 NORTH WATERWAY DRIVE  
SUITE 302  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIMENES, SONIA  
Address: 7005 NORTH WATERWAY DRIVE STE. 302  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: GIMENES, AIRTON  
Address: 7005 NORTH WATERWAY DRIVE STE, 302  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: FACILLA, FRANCESCO  
Address: 1210 WASHINGTON AVE. STE 211  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: MARINARI, CRISTIANO  
Address: 410 MERIDIAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GIMENES, ERIKA  
Address: 7005 NORTH WATERWAY DRIVE STE, 302  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA GIMENES

P

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date