

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008544

**Entity Name:** CENTRAL FLORIDA BRAZILIAN-AMERICAN CHAMBER OF COMMERCE, INC.

**FILED**  
**Mar 11, 2014**  
**Secretary of State**  
**CC8498813237**

**Current Principal Place of Business:**

4630 SOUTH KIRKMAN RD.  
SUITE 183  
ORLANDO, FL 32811

**Current Mailing Address:**

4630 SOUTH KIRKMAN ROAD  
SUITE 183  
ORLANDO, FL 32811 US

**FEI Number: 59-3694145**

**Certificate of Status Desired: Yes**

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

LITTER, AMY  
4630 SOUTH KIRKMAN ROAD  
SUITE 183  
ORLANDO, FL 32811 US

*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: AMY LITTER**

**03/11/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LITTER, AMY  
Address 4360 SOUTH KIRKMAN ROAD  
SUITE 183  
City-State-Zip: ORLANDO FL 32811

Title VPI  
Name SOMMERVILLE, LIS R  
Address 4630 SOUTH KIRKMAN ROAD  
SUITE 183  
City-State-Zip: ORLANDO FL 32811

Title T  
Name ERALDO, MANES  
Address 5534 HANSEL AVENUE  
City-State-Zip: ORLANDO FL 32809

Title VPE  
Name RODRIGUES, LAIZ  
Address 4630 SOUTH KIRKMAN ROAD  
City-State-Zip: ORLANDO FL 32811

I hereby 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 all other like empowered.

**SIGNATURE: ERALDO MANES**

**TREASURER**

**03/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date