

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008544

**FILED**  
**Mar 11, 2022**  
**Secretary of State**  
**9735733832CC**

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

**Current Principal Place of Business:**

2295 S. HIAWASSEE ROAD  
SUITE 414  
ORLANDO, FL 32835

**Current Mailing Address:**

2295 S. HIAWASSEE ROAD  
SUITE 414  
ORLANDO, FL 32835 US

**FEI Number: 59-3694145**

**Certificate of Status Desired: No**

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

ALMEIDA, ANDREA  
2295 S. HIAWASSEE ROAD  
SUITE 414  
ORLANDO, FL 32835 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: ANDREA ALMEIDA**

**03/11/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALMEIDA, ANDREA  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32819

Title            VP  
Name            SILVA, MARCELLO  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            CORREA, PAULO  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            GONCALVES , MARCELO  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

Title            TREASURER  
Name            DE CICCIO , CELESTINO  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            SOUSA, MARIA C  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            ALVES-LAZARO, ANNA PAULA M  
Address        2295 S. HIAWASSEE ROAD  
                  SUITE 414  
City-State-Zip: ORLANDO FL 32835

*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: ANDREA ALMEIDA**

**PRESIDENT**

**03/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date