

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

DOCUMENT# N10000003802

**Entity Name:** FAZENDA DA ESPERANCA, INC.

**Current Principal Place of Business:**

651 NE 23 PL  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

651 NE 23 PL  
POMPANO BEACH, FL 33064

**FEI Number:** 27-2397935

**Certificate of Status Desired:** No

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

DE ALMEIDA, JOSE J  
651 NE 23 PL  
POMPANO BEACH, FL 33064 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DE ALMEIDA, JOSE J  
Address 651 NE 23 PL  
City-State-Zip: POMPANO BEACH FL 33064

Title VD  
Name SENHORETI, CLAUDINEI  
Address 6484 NW 63RD WAY  
City-State-Zip: PARKLAND FL 33067

Title TD  
Name JACCOUD, JOSE E  
Address 4119 NW 5TH DR  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name RAUENHORST, JOSEPH  
Address PO BOX 1508  
City-State-Zip: BOCA RATON FL 33429

Title D  
Name STAPEL, HANS H  
Address RUA TUPINAMBAS, 520-BAIRRO PEDREGULHO  
City-State-Zip: SAO PAULO BRAZIL 12515-190

Title D  
Name ROSENDO DOS SANTOS, NELSON G  
Address RUA TUPINAMBAS, 520-BAIRRO PEDREGULHO  
City-State-Zip: SAO PAULO BRAZIL 12515-190

*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:** JOSE JACCOUD

**DIRECTOR**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date