


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90291 001 \*\*\*\*61.25

<b>DOCUMENT # 718292</b> 1. Entity Name <b>THE BRAZILIAN OF PALM BEACH ASSOCIATION, INC</b>					
Principal Place of Business <b>THE BRAZILIAN OF PALM BEACH</b> <b>227 BRAZILIAN AVENUE</b> <b>PALM BEACH, FL 33480</b>			Mailing Address <b>5725 CORPORATE WAY</b> <b>SUITE 101</b> <b>WEST PALM BCH., FL 33407 US</b>		
2. Principal Place of Business <b>The Brazilian of Palm Beach</b>		3. Mailing Address Suite, Apt. #, etc. <b>227 Brazilian Avenue</b>		Suite, Apt. #, etc.  	
City & State <b>Palm Beach, Florida</b>		City & State  		4. FEI Number <b>59-1325731</b>	
Zip <b>33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ST. JOHN, CORE, FIORE &amp; LEMME, P.A.</b> <b>1601 FORUM PLACE</b> <b>SUITE 701</b> <b>WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JAMES F <input checked="" type="checkbox"/> Delete 227 BRAZILIAN AVENUE PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lange, Gloria 227 Brazilian Avenue Palm Beach, Florida 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete MEYERS, GAIL C 5725 CORPORATE WAY., #101 WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete DEPEYSTER, DOROTHY S 227 BRAZILIAN AVENUE PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete DONAHUE, NARRY 227 BRAZILIAN AVE. PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donahue, Barry 227 Brazilian Avenue Palm Beach, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete PRYOR, LOUIS 227 BRAZILIAN AVE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANGLE, RAY 227 BRAZILIAN AVE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Gail C. Meyers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/28/05 561-684-6604 <small>Date Daytime Phone #</small>		

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