


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90081 032 \*\*\*\*61.25

<b>DOCUMENT # 760815</b>					
<b>1. Entity Name</b> BRAZILIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.					
<b>Principal Place of Business</b> 600 BRICKELL AVE STE 300E MIAMI, FL 33131 US		<b>Mailing Address</b> P.O. BOX 310038 MIAMI, FL 33231 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02032006 Chg-NP CR2E037 (11/05)	
Zip		Country		<b>4. FEI Number</b> 59-2140671	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SKOLA, THOMAS J. 1001 BRICKELL BAY DRIVE STE. 1508 MIAMI, FL 33131			Name <u>SKOLA, THOMAS J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Southeast 2nd Street, Suite 3300</u> City <u>MIAMI</u> FL Zip Code <u>33131-2148</u>		
<b>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.</b>					
SIGNATURE <u><i>Thomas J. Skola</i></u>			DATE <u>2/8/06</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOLA, THOMAS J		NAME	SKOLA, THOMAS J.	
STREET ADDRESS	1001 BRICKELL BAY DR. STE 1508		STREET ADDRESS	100 Southeast Second Street, Suite 3300	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33131-2148	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, EDUARDO C		NAME	SANTOS, EDUARDO C	
STREET ADDRESS	600 BRICKELL AVE. STE 300E		STREET ADDRESS	5200 BLUE LAGOON DR. # 950	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ROSANA		NAME		
STREET ADDRESS	8940 N. KENDALL DRIVE EAST BLDG.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331762197		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURY, CLAUDIO		NAME	MARILYN BLANCO-REYES	
STREET ADDRESS	600 BRICKELL AVE. STE 300E		STREET ADDRESS	701 WATERFORD WAY, SUITE 1000	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, PAULO		NAME	ROBERT LONDONO	
STREET ADDRESS	ONE SE 3RD AVE. STE 2800		STREET ADDRESS	14095 SOUTH DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GLORIA		NAME		
STREET ADDRESS	269 W. MASHTA DR.		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Tary B. Arnaud</i></u>			DATE: <u>02/17/06</u> DAYTIME PHONE: <u>954-965-1184</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		