


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 047 ****61.25

DOCUMENT # 760815			
1. Entity Name BRAZILIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.			
Principal Place of Business 600 BRICKELL AVE STE 300E MIAMI, FL 33131 US		Mailing Address P.O. BOX 310038 MIAMI, FL 33231 US	
2. Principal Place of Business - No P.O. Box # 100 SE 2ND ST.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 3300		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33131	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SKOLA, THOMAS J. 100 SOUTHEAST 2ND ST. SUITE 3300 MIAMI, FL 33131-2148		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State FL		State FL	
Zip Code		Zip Code	
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>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKOLA, THOMAS J 100 SOUTHEAST 2ND ST., SUITE 3300 MIAMI, FL 331312148	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, EDUARDO C 5200 BLUE LAGOON DR., #950 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWMAN, ROSANA 8940 N. KENDALL DRIVE EAST BLDG. MIAMI, FL 331762197	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANCO-REYES, MARILYN 701 WATERFORD WAY, SUITE 1000 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONDONO, ROBERT 14095 SOUTH DIXIE HWY MIAMI, FL 33176	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GLORIA 269 W. MASHTA DR. KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO-REYES, MARILYN 701 WATERFORD WAY, SUITE 1000 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Thomas J. Skola</i>		1/23/07 305577-3986	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	