2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760815

FILED Mar 13, 2008 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
100 SE 2N SUITE 330 MIAMI, FL	00	S					
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX	310038						
MIAMI, FL		S					
FEI Number	: 59-2140671	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desire	d ()	
Name and	d Address of	Current Registered Agent:	Name and	d Address of	New Registered Agent:		
100 SOÚT SUITE 33(HOMAS J. THEAST 2ND 30 331312148						
	e named entit e of Florida.	y submits this statement for the	purpose of changing	its registered o	office or registered agent,	or both	
SIGNATU	RE:						
	Electr	onic Signature of Registered A	gent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
Fitle: Name: Address: City-St-Zip:	SKOLA, THO	EAST 2ND ST., SUITE 3300	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	SANTOS, ED	AGOON DR., #950	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BOWMAN, R	DALL DRIVE EAST BLDG.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BLANKO-RE	() Delete YES, MARILYN FORD WAY, SUITE 1000 3126	Title: Name: Address: City-St-Zip:	BLANCO-REY	ORD WAY, SUITE 1000		
	D Londono, F	H DIXIE HWY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	14095 SOUT MIAMI, FL 3	3176					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. SKOLA D 03/13/2008