

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760815

FILED
Feb 02, 2010
Secretary of State

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

Current Principal Place of Business:

100 SE 2ND ST
SUITE 3300
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310038
MIAMI, FL 33231 US

New Mailing Address:

FEI Number: 59-2140671 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKOLA, THOMAS J.
100 SOUTHEAST 2ND ST.
SUITE 3300
MIAMI, FL 331312148 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SKOLA, THOMAS J
Address: 501 BRICKELL KEY DRIVE - SUITE 300
City-St-Zip: MIAMI, FL 33131

Title: TD
Name: SANTOS, EDUARDO C
Address: 5200 BLUE LAGOON DR., #950
City-St-Zip: MIAMI, FL 33126

Title: D
Name: BOWMAN, ROSANA
Address: 8940 N. KENDALL DRIVE EAST BLDG.
City-St-Zip: MIAMI, FL 331762197

Title: D
Name: BLANCO-REYES, MARILYN
Address: 701 WATERFORD WAY, SUITE 1000
City-St-Zip: MIAMI, FL 33126

Title: D
Name: LONDONO, ROBERT
Address: 14095 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33176

Title: P
Name: ALMEIDA, CLAUDIO
Address: 201 ALHAMBRA CIRCLE - SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134

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: THOMAS J. SKOLA

D

02/02/2010

Electronic Signature of Signing Officer or Director

_____ Date