

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90003 042 ****61.25

DOCUMENT # N00000003450

1. Entity Name
RENASCEER FOUNDATION, INC.



Principal Place of Business
**1300 E. HILLBORO BLVD.
SUITE 208
DEERFIELD BEACH, FL 33441**

Mailing Address
**1300 E. HILLBORO BLVD.
SUITE 208
DEERFIELD BEACH, FL 33441**

94045509



03312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1011436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALMEIDA VALE, ANGELITA DE
1205 HILLSBORO MILE
APT. 304
HILLSBOROUGH BEACH, FL 33582**

**620 Lock Rd
Deerfield Beach FL
33442**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FILHO, ESTEVAM H 12582 TORBAY DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDES, FELIPPE DANIEL 12582 TORBAY DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDES, SONIA HADDAD M 12582 TORBAY DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARCIA, MARCO ANTONIO 3617 NE 168 STREET NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA VALE, ANGELITA DE 1205 HILLSBORO MILE APT. 304 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES ABBUD, ANTONIO CARLOS RUE GOMES DE CARVALHO SAO PAULO, BRAZIL, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.31.04 954.5716606