




# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90003 027 \*\*\*\*70.00

<b>DOCUMENT # N03000005708</b> 1. Entity Name <b>BRAZILIAN CULTURAL ARTS EXCHANGE INC.</b>					
Principal Place of Business 213 NW 8TH ST. APT. 1 GAINESVILLE, FL 32601 US			Mailing Address 213 NW 8TH ST. APT. 1 GAINESVILLE, FL 32601 US		
2. Principal Place of Business <b>747 SE 2ND PLACE</b> Suite, Apt. #, etc. <b>SUITE 2</b>			3. Mailing Address <b>P.O. Box 1116</b> Suite, Apt. #, etc.		
City & State <b>GAINESVILLE FL</b>		City & State <b>GAINESVILLE FL</b>		4. FEI Number <b>20-0104769</b>	
Zip <b>32601</b>	Country <b>USA</b>	Zip <b>32601</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HACKING, SCOTT W</b> <b>213 NW 8TH ST.</b> <b>APT. 1</b> <b>GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>LESTER NICHOLS</b> Street Address (P.O. Box Number is Not Acceptable) <b>747 SE 2ND PLACE</b> <b>SUITE 2</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32601</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.					
SIGNATURE  <b>Lester Nichols</b> <b>1 June 04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>P</b>	NAME <b>NICHOLS, LESTER</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>213 NW 8TH ST., APT 2</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>MORSE, GAVIN B</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>2411 SW 35TH PLACE, APT. 220</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>SEC</b>	NAME <b>POMAREDA, PATRICIA</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>213 NW 8TH ST., APT 1</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>TREA</b>	NAME <b>SCOTT, HACKING W</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>213 NW 8TH ST., APT 1</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32601</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>SEC</b>	NAME <b>COHEN, ELANA F.</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>4000 SW 37TH BLVD., APT 914D</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32608</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>GABRIELLE S. BYAM</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS <b>1414 NW 7th ST.</b>	CITY-ST-ZIP <b>GAINESVILLE FL 32601</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>Lester Nichols</b> <b>1 June 04</b> <b>352-262-1351</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					