

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005708

FILED  
Jul 04, 2005  
Secretary of State

**Entity Name:** BRAZILIAN CULTURAL ARTS EXCHANGE INC.

## Current Principal Place of Business:

747 SE 2ND PLACE  
STE 2  
GAINESVILLE, FL 32601 US

## Current Mailing Address:

P.O. BOX 1116  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

2600 SW WILLISTON RD.  
APT. 1703  
GAINESVILLE, FL 32608 US

## New Mailing Address:

P.O. BOX 12765  
GAINESVILLE, FL 32604 US

**FEI Number:** 20-0104769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

NICHOLS, LESTER  
747 SE 2ND PLACE  
STE 2  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

MORSE, GAVIN  
2600 SW WILLISTON RD  
APT. 1703  
GAINESVILLE, FL 32608 US

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: GAVIN MORSE

07/04/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICHOLS, LESTER  
Address: 213 NW 8TH ST., APT 2  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP ( ) Delete  
Name: MORSE, GAVIN B  
Address: 2411 SW 35TH PLACE , APT. 220  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S ( ) Delete  
Name: COHEN, ELANA F  
Address: 4000 SW 37TH BLVD APT 914D  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D ( ) Delete  
Name: BYAM, GABRIELLE S  
Address: 1414 NW 7TH ST  
City-St-Zip: GAINESVILLE, FL 32601 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORSE, GAVIN B  
Address: 2600 SW WILLISTON RD., APT. 1703  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change ( ) Addition  
Name: NICHOLS, LESTER  
Address: 213 NW 8TH ST., APT 2  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: S (X) Change ( ) Addition  
Name: COHEN, ELANA F  
Address: 2600 SW WILLISTON RD., APT. 1703  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAVIN MORSE

P

07/04/2005

Electronic Signature of Signing Officer or Director

Date