

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005708

FILED
Apr 08, 2007
Secretary of State

Entity Name: BRAZILIAN CULTURAL ARTS EXCHANGE INC.

Current Principal Place of Business:

601 S. MAIN ST.
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12765
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 20-0104769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, GAVIN
1614 NW 19TH CIRCLE
GAINESVILLE, FL 32605 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: P () Delete
Name: MORSE, GAVIN B
Address: 1614 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: NICHOLS, LESTER
Address: PO BOX 1116
City-St-Zip: GAINESVILLE, FL 32602 US

Title: VP () Delete
Name: PORTO, WELLINGTON
Address: 747 SE 2ND PLACE #8
City-St-Zip: GAINESVILLE, FL 32601 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EXDR (X) Change () Addition
Name: MORSE, GAVIN B
Address: 1614 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: P (X) Change () Addition
Name: NICHOLS, LESTER
Address: PO BOX 1116
City-St-Zip: GAINESVILLE, FL 32602 US

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

Title: SEC (X) Change () Addition
Name: BYAM, GABRIELLE S
Address: 1414 NW 7TH ST
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TRES () Change (X) Addition
Name: CRUZ, ODALIS
Address: 5935 NW 43RD LANE
City-St-Zip: GAINESVILLE, FL 32606

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

EXDR

04/08/2007

Electronic Signature of Signing Officer or Director

Date