


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 003 ****61.25

DOCUMENT # N03000005843	
1. Entity Name BRAZILIAN COURT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401	Mailing Address C/O CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401
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40097848



2. Principal Place of Business - No P.O. Box 1801 S. Australian Ave	3. Mailing Address 1801 S. Australian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33409	Country
Country	Zip 33409
Country	Country

4. FEI Number
20-1257643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SCHLESINGER, ADAM C/O CEEBRAID-SIGNAL CORPORATION 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S. Australian Ave City West Palm Beach FL Zip Code 33409	

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHLESINGER, ADAM C/O 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. Australian Ave West Palm Beach FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHLESINGER, LESLIE C/O 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. Australian Ave West Palm Beach FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHLESINGER, RICHARD C/O 250 AUSTRALIAN AVE. SO., STE. 1003 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 S. Australian Ave West Palm Beach FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #