

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002877

FILED  
Jan 25, 2005  
Secretary of State

**Entity Name:** BRAZILIAN ASSOCIATION OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 57002  
JACKSONVILLE, FL 32241

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 57002  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ACCOUNTING & BUSINESS SOLUTIONS, INC.  
9951 ATLANTIC BLVD. SUITE 418  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

CRISTINA, NORO  
P.O. BOX 57002  
JACKSONVILLE, FL 32241 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: CRISTINA NORO

01/25/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NORO, CRISTINA  
Address: P.O. BOX 57002  
City-St-Zip: JACKSONVILLE, FL 32241

Title: VP ( ) Delete  
Name: HUNTER, KATHY  
Address: 3453 EXCALIBUR WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete  
Name: GAMEZ, ENOY  
Address: 11648 PINE ACRES RD. #16  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GAMEZ, ENOY  
Address: 11648 PINE ACRES RD. #16  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S (X) Change ( ) Addition  
Name: ROBERT, WILSON  
Address: 9645 OLD BAYMEADOWS RD. # 639  
City-St-Zip: JACKSONVILLE, FL 32256

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: CRISTINA NORO

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date