

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005058

FILED
Mar 24, 2006
Secretary of State

Entity Name: CAPOEIRA ABOLICAO COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

6626 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

6626 COLLINS AVENUE
MIAMI BEACH, FL 33141 US

Current Mailing Address:

6626 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Mailing Address:

6626 COLLINS AVENUE
MIAMI BEACH, FL 33141 US

FEI Number: 20-1227258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOWERS, KRISTINA D
6626 COLLINS AVENUE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

DE FARIA, GABRIELA E DS
6626 COLLINS AVENUE
MIAMI BEACH, FL 33141 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: GABRIELA ELISA DE FARIA

03/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NARCISO, WANDERLEI
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: DANIEL, JULIA
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: DT () Delete
Name: DE FARIA, GABRIELA
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: DS (X) Delete
Name: SOWERS, KRISTINA D
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NARCISO, WANDERLEI PD
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: DS (X) Change () Addition
Name: DE FARIA, GABRIELA E DS
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D (X) Change () Addition
Name: MILLER, SCOTT M D
Address: 6626 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141 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 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: WANDERLEI NARCISO

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date