

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008747

FILED
Aug 28, 2008
Secretary of State

Entity Name: ASSOCIACAO DOS PASTORES BRASILEIROS DA FLORIDA, INC.

Current Principal Place of Business:

411 NE 31ST COURT
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

411 NE 31ST COURT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-1600632 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:

CSG - CAPITAL SERVICES GROUP INC
446 W HILLSBORO BLVD
HILLSBORO GARDENS CENTER
DEERFIELD BEACH, FL 33441 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: PD () Delete
Name: MONTEIRO, MOISES
Address: 411 NE 31ST CT
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD () Delete
Name: ABREU, PAULO
Address: 12555 NW 54TH CT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD () Delete
Name: DE LIMA, NELIS
Address: 2951 N POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: SACRAMENTO, PAULO LUCAS
Address: 4022 E RIDGE CIRCLE
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: PATENTE, CARLOS
Address: 3801 CRYSTAL LAKE DR
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: SOUZA, FERNANDO
Address: 4727 NW 79TH AVE
City-St-Zip: MIAMI, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MOISES MONTEIRO

PD

08/28/2008

Electronic Signature of Signing Officer or Director

_____ Date