2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009504

FILED May 01, 2008 Secretary of State

Entity Name: BRAZILIAN ASSOCIATION OF TAMPA BAY, CORP

Current Principal Place of Business: New Principal Place of Business:

5712 WEST WATERS AVE. 5712 WEST WATERS AVE.

SUITE 9 SUITE 9

TAMPA, FL 33634 TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

5712 WEST WATERS AVE. 5712 WEST WATERS AVE.

SUITE 9 SUITE 9

TAMPA, FL 33634 TAMPA, FL 33634

FEI Number: 20-5582698 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: Name and Address of New Registered Agent:

DACOSTA, CLAUDIO B
7604 CARACAL CT.
TAMPA, FL 33625 US
DACOSTA, CLAUDIO B
6018 DESERT PACE AVE
LAND O LAKES, FL 34639 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: CLAUDIO B DACOSTA 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP. () Delete Title: P (X) Change () Addition Name: DACOSTA, CLAUDIO B Name: DACOSTA, CLAUDIO B

 Name:
 DACOSTA, CLAUDIO B
 Name:
 DACOSTA, CLAUDIO B

 Address:
 7604 CARACAL CT
 Address:
 6018 DESERT PACE AVE

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:
 LAND O LAKES, FL 34639

Title: P. () Delete Title: VP (X) Change () Addition

 Name:
 BEZERRA, ZENILTON
 Name:
 ZACARKIM, CARLOS A

 Address:
 1119 17TH AVE SOUTH WEST
 Address:
 2526 DEER FOREST DR

City-St-Zip: LARGO, FL 33778 City-St-Zip: LUTZ, FL 33559

Title: T. () Delete Title: S/T. (X) Change () Addition Name: ZACARKIM, CARLOS A Name: SANTOS, ANTONIO

Address: 2526 DEER FOREST DR. Address: 5712 WEST WATERS AVE SUITE 9

City-St-Zip: LUTZ, FL 33559 City-St-Zip: TAMPA, FL 33634

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: CLAUDIO B DACOSTA P 05/01/2008