2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N06000009504

Entity Name: BRAZILIAN ASSOCIATION OF TAMPA BAY,CORP

Current Principal Place of Business:

5712 WEST WATERS AVE.
SUITE 9
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5712 WEST WATERS AVE.
SUITE 9
TAMPA, FL 33634

New Mailing Address:

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:

DACOSTA, CLAUDIO B
6018 DESERT PACE AVE
LAND O LAKES, FL 34639 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: P ( ) Delete
Name: DACOSTA, CLAUDIO B
Address: 6018 DESERT PACE AVE
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete
Name: ZACARKIM, CARLOS A
Address: 2526 DEER FOREST DR
City-St-Zip: LUTZ, FL 33559

Title: S/T. (X) Delete
Name: SANTOS, ANTONIO
Address: 5712 WEST WATERS AVE SUITE 9
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ZACARKIM, CARLOS A
Address: 4609 DUNNIE DR
City-St-Zip: TAMPA, FL 33614

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: CARLOS ZACARKIM VP 07/14/2009

Electronic Signature of Signing Officer or Director — Date