2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N07000008235

Entity Name: FORCA JOVEM - VENCENDO O MUNDO., CORP.

Current Principal Place of Business:

2230 N CYPRESS BEND DR
506
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

709 GARDENS DRIVE
201
POMPANO BEACH, FL 33069 US

Current Mailing Address:

2230 N CYPRESS BEND DR
506
POMPANO BEACH, FL 33069 US

New Mailing Address:

P.O. BOX 667246
POMPANO BEACH, FL 33066 US

FEI Number: 26-0695868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESOUZA, FERNANDO
600 S FEDERAL HWY
222
DEERFIELD BEACH, FL FL US

Name and Address of New Registered Agent:

DE FARIA, ELLEN DE SOUZA A
709 GARDENS DRIVE
201
POMPANO BEACH, FL 33069 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: ELLEN DE SOUZA A DE FARIA 03/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DE FARIA, ELLEN DE SOUZA
Address: 709 GARDENS DR APT 201
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VP ( ) Delete
Name: DE FARIA, ELIAS R
Address: 709 GARDENS DR APT 201
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: DE FARIA, RAFAEL
Address: 709 GARDENS DR APT 201
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D ( ) Change (X) Addition
Name: SANTOS, CAMILLA
Address: 709 GARDENS DR APT 201
City-St-Zip: POMPANO BEACH, FL 33069 US

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: ELLEN DE SOUZA A DE FARIA P 03/13/2008
Electronic Signature of Signing Officer or Director Date