

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003554

FILED
Jun 22, 2009
Secretary of State

Entity Name: MIAMI CAPOEIRA PROJECT, INC.

Current Principal Place of Business:

810 NE 199TH STREET #C201
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

810 NE 199TH STREET #C201
MIAMI, FL 33179

New Mailing Address:

FEI Number: 26-2560646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DE FARIA FILHO, JOSE
7441 WAYNE AVE
#14L
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FARIA, BRIAN C
Address: 810 NE 199TH STREET #C201
City-St-Zip: MIAMI, FL 33179

Title: DVP () Delete
Name: MONTERRAT HERNANDEZ, MARIA
Address: 810 NE 199TH STREET #C201
City-St-Zip: MIAMI, FL 33179

Title: DT () Delete
Name: DE FARIA FILHO, JOSE
Address: 7441 WAYNE AVENUE #14L
City-St-Zip: MIAMI BEACH, FL 33141

Title: DS () Delete
Name: FARIA, CLEUZA MARIA
Address: 7441 WAYNE AVE #14L
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: BRIAN C. FARIA

DP

06/22/2009

Electronic Signature of Signing Officer or Director

Date