2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N94000003789

Entity Name: CAPE VERDEAN AMERICAN ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

600 N. THACKER AVE.
25-A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

600 N. THACKER AVE.
25-A
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3266642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPES-CHICHA, AUGUSTO
724 DROMEDARY DR
KISSIMMEE, FL 34759 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: DA SILVA, MANUEL B
Address: 9681 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Delete
Name: LIMA, MARIA C
Address: 2107 PUTTER PLACR
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete
Name: NOGUEIRA, ABILIO A
Address: 1610 E. KENDRICK DR.
City-St-Zip: KISSIMMEE, FL 34741

Title: SD ( ) Delete
Name: RODRIGUES, MARTA A
Address: 837 PARK VILLA CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete
Name: LOPES, AUGUSTO
Address: 724 DROMEDARY DR
City-St-Zip: KISSIMMEE, FL 34759

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL DA SILVA PD 04/09/2007

Electronic Signature of Signing Officer or Director — Date