

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003789

FILED  
May 01, 2009  
Secretary of State

**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 ( )**  
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:**

LOPES-CHICHA, AUGUSTO  
807 WAKEFIELD WAY  
KISSIMMEE, FL 34758      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: D/P      ( ) Delete  
Name: DA SILVA, MANUEL B  
Address: 9681 WESTOVER CLUB CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: D/PR      ( ) Delete  
Name: MONTEIRO, ANTONIO C  
Address: 2424 RAVENDALE COURT  
City-St-Zip: KISSIMMEE, FL 3478

Title: D/T      ( ) Delete  
Name: LOURO, SOTERO  
Address: 401 BLOOMFIELD DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: D      ( ) Delete  
Name: BARROS, VICTOR  
Address: 2102 THE OAKS BLVD  
City-St-Zip: KISSIMMEE, FL 34741

Title: D      ( ) Delete  
Name: LOPES, AUGUSTO  
Address: 807 WAKEFIELD WAY  
City-St-Zip: KISSIMMEE, FL 34758

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

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

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

Title: D      ( ) Change (X) Addition  
Name: GOMES, APOLINARIO P  
Address: 32 AMALFI WAY  
City-St-Zip: KISSIMMEE, FL 34758

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: ALC

D

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date