

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003789

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CAPE VERDEAN AMERICAN ASSOCIATION OF FLORIDA INC.

**Current Principal Place of Business:**

807 WAKEFIELD WAY  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

807 WAKEFIELD WAY  
KISSIMMEE, FL 34758

**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:**

CHICHA, AUGUSTO L  
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  
Name: MARIA, DA LOMBA  
Address: 807 WAKEFIELD WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: D/PR  
Name: MONTEIRO, ANTONIO C  
Address: 2424 RAVENDALE COURT  
City-St-Zip: KISSIMMEE, FL 34758

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

Title: D  
Name: CHICHA, AUGUSTO L  
Address: 807 WAKEFIELD WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: GOMES, APOLINARIO P  
Address: 32 AMALFI WAY  
City-St-Zip: KISSIMMEE, FL 34758

I hereby 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 all other like empowered.

SIGNATURE: ACM

DP

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date