

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006617

FILED
Mar 28, 2007
Secretary of State

Entity Name: CENTRO CULTURAL BRASIL-USA DA FLORIDA, INC.

Current Principal Place of Business:

80 SW 8TH STREET
SUITE 2600
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

80 SW 8TH STREET
SUITE 2600
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0824247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE BOULEVARD
MIAMI, FL 331311897 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 () Delete
Name: SABINO, ADRIANA
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: JOHNSON, GLORIA
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: WECHSLER, ROSANE
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: DA COSTA, LEILA
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: CAVAGNAC, YARA
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: DAL BORG, MARIA INEZ
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

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: D (X) Change () Addition
Name: BORGES, CARLOS
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

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: GLORIA JOHNSON

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date