2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N96000006617

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: BORGES, CARLOS
Address: 80 SW 8TH STREET, SUITE 2600
City-St-Zip: MIAMI, FL 33130

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

Title: D ( ) Delete
Name: DAL BORGO, 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: ACHER-HOWARD, KAREN
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 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 VP 03/11/2008

Electronic Signature of Signing Officer or Director — Date