

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 17, 2009  
Secretary of State**

DOCUMENT# N08000002633

Entity Name: BRAZILIAN TWISTERS SPORT CLUB, INC.

**Current Principal Place of Business:**

3700 NW 78TH LANE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3700 NW 78TH LANE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-2205556      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:**

**Name and Address of New Registered Agent:**

MARTINS, MAURILIO  
3700 NW 78TH LANE  
CORAL SPRINGS, FL 33065      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MARTINS, MAURILIO  
Address: 3700 NW 78TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: VD      ( ) Delete  
Name: MARTINS, SOLANGE  
Address: 3700 NW 78TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: SD      ( ) Delete  
Name: MARTINS, HIGOR M  
Address: 3700 NW 78TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: TD      ( ) Delete  
Name: MARTINS, JAQUELINE Z  
Address: 3700 NW 78TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MAURILIO MARTINS

PD

07/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date