2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007
Secretary of State

DOCUMENT# N00000008366

Entity Name: VENEZUELAN SUNCOAST ASSOCIATION, INC.

Current Principal Place of Business:

4119 WOODLARK DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 23565
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-3608282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SANCHEZ, MONIPATRY
4119 WOODLARK DRIVE
TAMPA, FL 33624 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:	SANCHEZ, MONIPATRY	
Address:	4119 WOODLARK DRIVE	
City-St-Zip:	TAMPA, FL 33624 US	
Title:	D	( ) Delete
Name:	LOPEZ, OSVALDO	
Address:	6820 ARMAND DRIVE	
City-St-Zip:	TAMPA, FL 33634 US	
Title:	D	( ) Delete
Name:	PINTO, GREGORIO	
Address:	3731 FAWN GROVE	
City-St-Zip:	LAND O'LAKES, FL 34639 US	
Title:	D	( ) Delete
Name:	SINRAM, ARNO	
Address:	4535 HAMPSHIRE ROAD	
City-St-Zip:	TAMPA, FL 33634 US	
Title:	D	( ) Delete
Name:	RICHE, PAUL	
Address:	11835 HICKORYNUT DR.	
City-St-Zip:	TAMPA, FL 33625 US	

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:	SINRAM, ARNO	
Address:	5704 HARBORSIDE DR.	
City-St-Zip:	TAMPA, FL 33615 US	
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: MONIPATRY SANCHEZ D 07/30/2007

Electronic Signature of Signing Officer or Director — Date