

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44359

**Entity Name:** VENEZUELAN-AMERICAN CHAMBER OF COMMERCE OF THE UNITED STATES, INC.**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**1608335750CC****Current Principal Place of Business:**420 SW 7TH ST  
SUITE 1120  
MIAMI, FL 33130**Current Mailing Address:**75 VALENCIA AVE  
SUITE 703  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0282287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONAHAN-MIJARES CPA, PA  
75 VALENCIA AVE  
CORAL GABLES, FL 33134 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**Officer/Director Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | PD                           |
| Name            | CARRENO, FRANK               |
| Address         | 75 VALENCIA AVE<br>SUITE 703 |
| City-State-Zip: | CORAL GABLES FL 33134        |

|                 |                              |
|-----------------|------------------------------|
| Title           | 2VP                          |
| Name            | FERNANFEZ, JUAN CARLOS       |
| Address         | 75 VALENCIA AVE<br>SUITE 703 |
| City-State-Zip: | CORAL GABLES FL 33134        |

|                 |                              |
|-----------------|------------------------------|
| Title           | IVPD                         |
| Name            | JOVANOVIC, HUMBERTO          |
| Address         | 75 VALENCIA AVE<br>SUITE 703 |
| City-State-Zip: | CORAL GABLES FL 33134        |

|                 |                              |
|-----------------|------------------------------|
| Title           | T                            |
| Name            | BERRIZBEITIA, MARIA ANGELICA |
| Address         | 75 VALENCIA AVE<br>SUITE 703 |
| City-State-Zip: | CORAL GABLES FL 33134        |

*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:** CARRENO , FRANK

PD

04/26/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date