

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006228

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: THE NON-VIOLENCE PROJECT USA, INC.

**Current Principal Place of Business:**

1205 SUNSET DRIVE  
2ND FLOOR  
CORAL GABLES, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

1234 SOUTH DIXIE HWY  
#348  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

FEI Number: 13-3812224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LANDSBERG, DIANE  
1205 SUNSET DRIVE  
2ND FLOOR  
CORAL GABLES, FL 33143 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: PRES ( ) Delete  
Name: MJ, STONE MS  
Address: 1016 TRAILMORE LANE  
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete  
Name: CASADEMONT, VINCE MR  
Address: 240 SW 21ST ROAD  
City-St-Zip: MIAMI, FL 33129 US

Title: TR ( ) Delete  
Name: LLODRA, ALBERT MR  
Address: 8501 SW 53RD AVENUE  
City-St-Zip: MIAMI, FL 33143 US

Title: SEC ( ) Delete  
Name: CHO, TONY MR  
Address: 120 NE 27TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: CH (X) Delete  
Name: NOBEL, MICHAEL PHD  
Address: NOBEL FAMILY SOCIETY  
City-St-Zip: STOCKHOLM, OO OO SW

**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: ( ) 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: MJ STONE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/07/2008

\_\_\_\_\_  
Date