

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006228

FILED
Mar 19, 2009
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 ()

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: CHO, TONY
Address: 120 NE 27TH ST., BAY 200
City-St-Zip: MIAMI, FL 33137 US

Title: VP () Delete
Name: LEVENSON, RUSTIN
Address: 13291 OLD CUTLER RD.
City-St-Zip: MIAMI, FL 33156 US

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

Title: SEC () Delete
Name: HERSH, KATHY
Address: 9051 S.W. 69 CT.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change () Addition
Name: LEE, ROBERT MR
Address: 100 SE 2ND ST, SUITE 2400
City-St-Zip: MIAMI, FL 33131 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: DIANE LANDSBERG

ED

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date