2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F05000001826

Entity Name: ANCOP FOUNDATION (USA), INC.

Current Principal Place of Business:

314 MOUNTAIN ALDER LANE
FLETCHER, NC 28732

New Principal Place of Business:

Current Mailing Address:

3506 COUNTRY CREEK LANE
VALRICO, FL 335966402

New Mailing Address:

FEI Number: 68-0463495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARLAAN, ARTHUR
3506 COUNTRY CREEK LANE
VALRICO, FL 33596 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:	C	( ) Delete
Name:	CUENCA, RICKY	
Address:	12936 S FIGUEROA ST	
City-St-Zip:	LOS ANGELES, CA 90061	
Title:	ED	( ) Delete
Name:	CABRERA, ROSE	
Address:	6993 GRAND JUNCTION AVE	
City-St-Zip:	LAS VEGAS, NV 89179	
Title:	CFO	( ) Delete
Name:	LAENO, STAN	
Address:	25241 DENNY ROAD	
City-St-Zip:	TORRANCE, CA 90505	
Title:	VP	( ) Delete
Name:	MILLARES, JOE	
Address:	3389 BRADEN CT	
City-St-Zip:	SAN JOSE, CA 95148	
Title:	S	( ) Delete
Name:	REYES, LYNDEE	
Address:	25624 SALERNO WAY	
City-St-Zip:	YORBA LINDA, CA 92887	
Title:	D	( ) Delete
Name:	VENTURA, TONY	
Address:	314 MOUNTAIN ALDER LANE	
City-St-Zip:	FLETCHER, NC 28732	

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:	
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: TONY VENTURA D 04/28/2009
Electronic Signature of Signing Officer or Director — Date