

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90436 001 ***140.00

DOCUMENT # N00000000220

1. Entity Name
**VENEZUELA WITHOUT BOUNDARIES FOUNDATION,
INC.**



Principal Place of Business
**201 S. BISCAYNE BOULEVARD
34TH FLOOR
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BOULEVARD
34TH FLOOR
MIAMI, FL 33131**

00411666



2. Principal Place of Business

3. Mailing Address
P.O. Box 56-0948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

City & State
Miami, Florida

4. FEI Number
65-0972537

Applied For
Not Applicable

Zip

Country

Zip

33256-0948

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIDDELTHON JR, WILLIAM R
FERRELL SCHULTZ P.A.
201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CISNEROS FAJARDO, OSWALDO
STREET ADDRESS 201 S. BISCAYNE BOULEVARD 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE VSTD ☐ Delete
NAME BLAVIA GOMEZ, MIREVA
STREET ADDRESS 201 S. BISCAYNE BOULEVARD 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME BLAVIA, ANTONIO
STREET ADDRESS 201 S. BISCAYNE BOULEVARD 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Blavia

Date

Daytime Phone #

4-26-04 305-391-8585