

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90080 028 \*\*\*\*70.00

<b>DOCUMENT # N00000000220</b>					
<b>1. Entity Name</b> VENEZUELA WITHOUT BOUNDARIES FOUNDATION, INC.					
<b>Principal Place of Business</b> 201 S. BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131			<b>Mailing Address</b> PO BOX 56-0948 MIAMI, FL 33256		
<b>2. Principal Place of Business</b> 501 Brickell Key Drive Suite, Apt. #, etc. Suite 400 City & State Miami, FL Zip 33131		<b>3. Mailing Address</b> 501 Brickell Key Drive Suite, Apt. #, etc. Suite 400 City & State Miami, FL Zip 33131			
Country USA		Country USA		04072005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0972537				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MIDDLETHON JR, WILLIAM R FERRELL SCHULTZ P.A. 201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name <u>Venezuela Without Boundaries Foundation</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 Brickell Key Dr. Suite 400</u> City <u>Miami</u> <b>FL</b> Zip Code <u>33131</u>		
<b>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.</b>					
SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and agent applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4-8-05</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> CISNEROS FAJARDO, OSWALDO <b>STREET ADDRESS</b> 201 S. BISCAYNE BOULEVARD 34TH FLOOR <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Cisneros Fajardo, Oswaldo <b>STREET ADDRESS</b> 501 Brickell Key Drive, Suite 400 <b>CITY-ST-ZIP</b> Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VSTD <b>NAME</b> BLAVIA GOMEZ, MIREVA <b>STREET ADDRESS</b> 201 S. BISCAYNE BOULEVARD 34TH FLOOR <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> VSTD <b>NAME</b> Blavia Gomez, Mireya <b>STREET ADDRESS</b> 501 Brickell Key Drive, Suite 400 <b>CITY-ST-ZIP</b> Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BLAVIA, ANTONIO <b>STREET ADDRESS</b> 201 S. BISCAYNE BOULEVARD 34TH FLOOR <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Blavia, Antonio <b>STREET ADDRESS</b> 501 Brickell Key Drive, Suite 400 <b>CITY-ST-ZIP</b> Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-8-05</u>		Daytime Phone # <u>305-371-4848</u>	