

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000220

FILED
Jan 25, 2007
Secretary of State

Entity Name: VENEZUELA WITHOUT BOUNDARIES FOUNDATION, INC.

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0972537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAVIA, MARIA G
VENEZUELA WITHOUT BOUNDARIES FOUNDATION
501 BRICKELL KEY DR., SUITE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BLAVIA, MIREYA D
VENEZUELA WITHOUT BOUNDARIES FOUNDATION
501 BRICKELL KEY DR., SUITE 400
MIAMI, FL 33131 US

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: MIREYA BLAVIA

01/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CISNEROS FAJARDO, OSWALDO
Address: 501 BRICKELL KEY DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: VSTD () Delete
Name: BLAVIA GOMEZ, MIREYA
Address: 501 BRICKELL KEY DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BLAVIA, ANTONIO
Address: 501 BRICKELL KEY DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33131

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIREYA BLAVIA

VSTD

01/25/2007

Electronic Signature of Signing Officer or Director

Date