

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008366

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: VENEZUELAN SUNCOAST ASSOCIATION, INC.

## Current Principal Place of Business:

4119 WOODLARK DRIVE  
TAMPA, FL 33624

## New Principal Place of Business:

316 COUNTRY CLUB DRIVE  
OLDSMAR, FL 34677

## Current Mailing Address:

P.O.BOX 23565  
TAMPA, FL 33623

## New Mailing Address:

FEI Number: 59-3608282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ, MONIPATRY  
4119 WOODLARK DRIVE  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

ABREU, SILVIA  
316 COUNTRY CLUB DRIVE  
OLDSMAR, FL 34677 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: SILVIA ABREU

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANCHEZ, MONIPATRY  
Address: 4119 WOODLARK DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: D ( ) Delete  
Name: LOPEZ, OSVALDO  
Address: 6820 ARMAND DRIVE  
City-St-Zip: TAMPA, FL 33634 US

Title: D ( ) Delete  
Name: SINRAM, ARNO  
Address: 5704 HARBORSIDE DR.  
City-St-Zip: TAMPA, FL 33615 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ABREU, SILVIA  
Address: 316 COUNTRY CLUB DRIVE  
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP (X) Change ( ) Addition  
Name: SINRAM, ARNO  
Address: 5704 HARBORSIDE DR.  
City-St-Zip: TAMPA, FL 33615 US

Title: DIR (X) Change ( ) Addition  
Name: PINTO, JUAN CARLOS  
Address: 3731 FAWN GROVE  
City-St-Zip: LAND O'LAKES, FL 33639 US

Title: TREA ( ) Change (X) Addition  
Name: SANCHEZ, MONIPATRY  
Address: 4119 WOODLARK DRIVE  
City-St-Zip: TAMPA, FL 33624

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: SILVIA ABREU

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date