

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000090

FILED
May 15, 2008
Secretary of State

Entity Name: GOD'S EMBASSY CORP., USA

Current Principal Place of Business:

17560 ATLANTIC BLVD. #101
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

17150 N. BAY RD.
2402
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17560 ATLANTIC BLVD. #101
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

1715 N. BAY RD.
2402
SUNNY ISLES BEACH, FL 33160

FEI Number: 43-1992473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KAMOUSKI, SIARHEI
17560 ATLANTIC BLVD. #101
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

KAMOUSKI, SIARHEI
17150 N. BAY RD.
2402
SUNNY ISLES BEACH, FL 33160 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: _____

05/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KAMOUSKI, SIARHEI V
Address: 17560 ATLANTIC BLVD. #101
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P () Delete
Name: KOMOVSKA, YAROSLAVA
Address: 17560 ATLANTIC BLVD. #101
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P () Delete
Name: SLOBODENUK, VOLODYMER
Address: 2055 NE 179 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KAMOUSKI, SIARHEI V
Address: 17150 N. BAY RD.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P (X) Change () Addition
Name: KOMOVSKA, YAROSLAVA
Address: 17150 N. BAY RD.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P (X) Change () Addition
Name: SLOBODENUK, VOLODYMER
Address: 17570 ATLANTIC BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Change (X) Addition
Name: ARUS, LIA
Address: 5015 W MADISON LAKES CIR
City-St-Zip: DAVIE, FL 33328 US

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: SIARHEI KAMOUSKI

DP

05/15/2008

Electronic Signature of Signing Officer or Director

Date