

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000090

Entity Name: GOD'S EMBASSY CORP., USA

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

5166 MADISON LAKES CIR W  
DAVIE, FL 33328

## Current Mailing Address:

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

## New Mailing Address:

5166 MADISON LAKES CIR W  
DAVIE, FL 33328

FEI Number: 43-1992473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KAMOUSKI, SIARHEI  
5166 MADISON LAKES CIR W  
DAVIE, FL 33328 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: SIARHEI KAMOUSKI

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KAMOUSKI, SIARHEI V  
Address: 5166 MADISON LAKES CIR W  
City-St-Zip: DAVIE, FL 33328

Title: P (X) Change ( ) Addition  
Name: KOMOVSKA, YAROSLAVA  
Address: 5166 MADISON LAKES CIR W  
City-St-Zip: DAVIE, FL 33328

Title: P (X) Change ( ) Addition  
Name: SLOBODENUK, VOLODYMER  
Address: 17570 ATLANTIC BLVD.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date