

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008546

FILED  
Jun 11, 2009  
Secretary of State

Entity Name: AMAZONIAN PROJECT, INC.

## Current Principal Place of Business:

2437 N.W. 97 AVE  
PM 8049  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

2437 N.W. 97 AVE  
PM 8049  
MIAMI, FL 33172 US

## New Mailing Address:

FEI Number: 26-0095050      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:

## Name and Address of New Registered Agent:

VALLENILLA, ADRIAN MR  
2437 N.W. 97 AVE  
PM 8049  
MIAMI, FL 33172 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: VCD ( ) Delete  
Name: TREMINO, ANTONIO MR  
Address: 322 WEST 57 ST #24-T  
City-St-Zip: NEW YORK, NY 10019 US

Title: D ( ) Delete  
Name: PICCO, FRANCESCO MR  
Address: CALLE A3 1-1 QUINTA SAN RAFAEL LA LAGUNITA  
City-St-Zip: CARACAS MUNICIPIO BARUTA, MB VE

Title: P ( ) Delete  
Name: VALLENILLA, ADRIAN MR  
Address: 2437 N.W. 97 AVE PM 8049  
City-St-Zip: MIAMI, FL 33172 US

## 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 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: ADRIAN VALLENILLA

P

06/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date