

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 031 ****61.25

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1. Entity Name
**INDEPENDENT VENEZUELAN-AMERICAN CITIZENS
CORP.**



Principal Place of Business

**7215 N.W. 46 ST.
MIAMI, FL 33166 US**

Mailing Address

**7215 N.W. 46 ST.
MIAMI, FL 33166 US**

40067394



01172008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
83-0408498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVA, MAYLIN
15403 S.W. 68 LANE
MIAMI, FL 33193**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
ACKERMAN, ERNESTO
7215 N.W. 46 ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
GONZALEZ, PEDRO
7215 N.W. 46 ST.
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
LUENGO, VICTOR
7215 N.W. 46 ST
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernesto Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

(305) 594-7774

Daytime Phone #