

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000885

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: RUSSIAN-AMERICAN ASSOCIATION, INC.

**Current Principal Place of Business:**

3451 QUEEN STREET APT 428  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

3451 QUEEN STREET APT 428  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 20-8347731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

NIKOLAY SFONOV  
34151 QUEENS STREET  
428  
SRASOTA, FL 34231 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: NIKOLAY SFONOV

01/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SAFONOV, NICK  
Address: 3451 QUEEN STREET APT 428  
City-St-Zip: SARASOTA, FL 34231

Title: DV ( ) Delete  
Name: TREXLER, LARISA  
Address: 7544 PALMER GLEN CIR  
City-St-Zip: SARASOTA, FL 34240

Title: DS ( ) Delete  
Name: GAUKHMAN, YULIYA  
Address: 400 HANCHEY DR  
City-St-Zip: NOKOMIS, FL 34275

**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: NIKOLAY SFONOV

DPT

01/21/2008

Electronic Signature of Signing Officer or Director

Date