2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N07000012307

Entity Name: ASOCIACION VENEZOLANA AMERICANA DE AMISTAD-INCORPORATED

Current Principal Place of Business:

C/O ROARK R. MONAHAN
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134

Current Mailing Address:

C/O ROARK R. MONAHAN
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Mailing Address:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134

FEI Number: 01-0909894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAHAN, ROARK R
C/O ROARK R. MONAHAN
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 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: ROARK R. MONAHAN CPA 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROOSEN, GUSTAVO
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: CASTELLANOS, JOSEFINA
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ROJAS, CESAR
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: STEVENS, JOHN
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: MONAHAN, ROARK R
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SOLORZANO, ANTONIO
Address: 2519 GALIANO ST., SUITE 703
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ROARK R. MONAHAN D 04/16/2009
Electronic Signature of Signing Officer or Director Date