


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90025 013 ****61.25

DOCUMENT # N07537	
1. Entity Name	
LATVIAN RELIEF ASSOCIATION OF FLORIDA - DAUGAVAS VANAGI, INC.	

Principal Place of Business	Mailing Address
4720 LOCUST ST., NE #311 ST. PETERSBURG FL 33703	4720 LOCUST ST., NE #311 ST. PETERSBURG FL 33703

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For	
59-2546885		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKAIDRITE, PRINCIS 4720 LOCUST ST., NE #311 ST. PETERSBURG FL 33703		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 Skaidrite Princis (SKAIDRITE PRINCIS) PD Jan. 30, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCIS, SKAIDRITE	NAME	
STREET ADDRESS	4720 LOCUST ST. NE	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRZINS, EDGARS	NAME	
STREET ADDRESS	7665 SUN ISLAND DR. #208	STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRZINS, ASTRIDA	NAME	
STREET ADDRESS	7665 SUN ISLAND DR. #208	STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEINBERGS, ZENIJA	NAME	D ARE, IRENE
STREET ADDRESS	1346 BOCA CIEGA ISLE DR	STREET ADDRESS	4055 7th St. N. ST. PETERSBURG 33703
CITY-ST-ZIP	ST PETE BCH FL	CITY-ST-ZIP	FL
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTERS, MILDA	NAME	D CAKARNIS, IKARS
STREET ADDRESS	1200-N. SHORE DR. N.E.	STREET ADDRESS	105 12th AVE, ST. PETE BEACH 33706
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	FL
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALNINS, RUTA	NAME	D KUZMINS, IGNATS
STREET ADDRESS	797 - 34 AVENUE N.E.	STREET ADDRESS	2901 1st St. NE, ST. PETERSBURG, FL 33704
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Skaidrite Princis (SKAIDRITE PRINCIS) 1.30.06. (727)-527-2680