

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26635

FILED
Feb 21, 2009
Secretary of State

Entity Name: LEIV EIRIKSSON CENTER, INC.

Current Principal Place of Business:

1180 SOUTH AMERICA WAY
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1180 SOUTH AMERICA WAY
MIAMI, FL 33132

New Mailing Address:

P.O.BOX 010009
MIAMI, FL 33101

FEI Number: 65-0164512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIKEN, ASLE
291 S. FIG TREE LANE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: P () Delete
Name: ASLE, VIKEN
Address: 291 S. FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: GRIFFIN, LEIF
Address: 45 NE 16TH STREET
City-St-Zip: MIAMI, FL 33136

Title: ST () Delete
Name: ESPELLI-ALLEN, NINA
Address: 1001 NORTH AMERICA WAY, # 101
City-St-Zip: MIAMI, FL 33132

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: ASLE VIKEN

P

02/21/2009

Electronic Signature of Signing Officer or Director

Date