

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003249

FILED
Apr 28, 2009
Secretary of State

Entity Name: SURINAM AMERICAN NETWORK, INC.

Current Principal Place of Business:

8320 NW 46TH COURT
LAUDERHILL, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490155
FT. LAUDERDALE, FL 33349 US

New Mailing Address:

FEI Number: 65-0519464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURLESON-ALLEN, ERNESTINE F
8320 NW 46TH COURT
LAUDERHILL, FL 33351 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: ERNESTINE, BURLESON F
Address: 8320 NW 46TH CT
City-St-Zip: FORT LAUDERDALE, FL 33351 US

Title: VP () Delete
Name: RITFELD, ROEL
Address: PO BOX 22793
City-St-Zip: WEST PALM BEACH, FL 33416

Title: SEC () Delete
Name: SEDNEY, GLENDA Y
Address: 4909 NW 52ND STREET
City-St-Zip: TAMARAC, FL 33319 US

Title: PR () Delete
Name: BRAAF, HUMPHREY S
Address: 6211 NW 14TH PLACE
City-St-Zip: SUNRISE, FL 33313 US

Title: TREA () Delete
Name: WYNRUIT, RICHARDO
Address: 5880 NW 104TH LANE
City-St-Zip: PARKLAND, FL 33076

Title: DIR () Delete
Name: YORKS, ALFRED
Address: 1444 N.W. 44 STREET
City-St-Zip: MIAMI, FL 33142

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: PR (X) Change () Addition
Name: BRAAF, HUMPHREY S
Address: 8620 NW 21ST COURT
City-St-Zip: SUNRISE, FL 33322 US

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: RICHARDO WYNRUIT

TREA

04/28/2009

Electronic Signature of Signing Officer or Director

Date