

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90012 020 ****61.25

DOCUMENT # N98000003101

1. Entity Name
VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC.



Principal Place of Business
**12136 ST. ANDREWS
PLACE #206
MIRAMAR, FL 33025**

Mailing Address
**12136 ST. ANDREWS
PLACE #206
MIRAMAR, FL 33025**

50064581



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEL Number

65-0839357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADROAMMZA, RAFAEL
12136 ST. ANDREWS PLACE
#206
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name **ADRIANZA RAFAEL**

Street Address (P.O. Box Number is Not Acceptable)

12136 ST. ANDREWS PLACE #206

City **MIRAMAR**

FL Zip Code

33025

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

ADRIANZA RAFAEL

08/25/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ADRIANZA, RAFAEL**
STREET ADDRESS **121 36 ST. ANDREWS PALCE #206**
CITY - ST - ZIP **MIRAMAR, FL 33025**

TITLE **D** ☐ Delete
NAME **SUAREZ, CARLOS**
STREET ADDRESS **809 S. POINCIANA 3205**
CITY - ST - ZIP **MIAMI SPRING, FL 33166**

TITLE **D** ☒ Delete
NAME **FERNANDEZ, ENRIQUE**
STREET ADDRESS **45581 SAPPHERE TERR**
CITY - ST - ZIP **WESTON, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DE VARONA SERGIO**
STREET ADDRESS **304 PALERMO AVENUE.**
CITY - ST - ZIP **CORAL GABLES, FLA, 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ADRIANZA RAFAEL

08/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #