2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State
07-26-2006 90002 047 ****61.25

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1. Entity Name
VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC.

50023204

07172006 Chg-NP CR2E037 (4/06)

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

2. Principal Place of Business	3. Mailing Address
I440 SW 82 Terra	I440 SW 82 Terra
Suite, Apt. #, etc.: 914	Suite, Apt. #, etc.: 914
City & State: Plantation, FE, 33324	City & State: Plantation, FL, 33324
Zip / Country	Zip / Country

4. FEI Number 65-0839357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADROAMMZA, RAFAEL 12136 ST. ANDREWS PLACE #206 MIRAMAR, FL 33025	Name: ADRIANZA RAFAEL Street Address (P.O. Box Number is Not Acceptable): I440 SW 82 TERRA # 914 City: PLANTATION FL Zip Code: 33324

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: [signature] ADRIANZA RAFAEL 07/24/06
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 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADRIANZA, RAFAEL 121 36 ST.ANDREWS PALCE #206 MIRAMAR, FL 33025	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	ADRIANZA RAFAEL I440 SW 82 TERRA # 914 PLANTATION, FL, 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, CARLOS 809 S. POINCIANA 3205 MIAMI SPRING, FL 33166	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIAZ LUIS 2541 SW 27 AVE # 302 MIAMI, FLA, 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVARONA, SERGIO 304 PALERMO AVE CORAL GABLES, FL 33134	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SCOTT DESTRY P.O.BOX 62271 FT. MAYERS, FL, 33906	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RUIZ CESAR 16680 S. POST Rd. # 201 WESTON, FL, 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ADRIANZA CHANY 2393 CONTINENTAL AVE. # B-15 TALLAHASSEE, FL, 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] ADRIANZA RAFAEL 07/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #