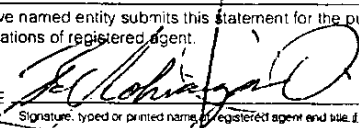
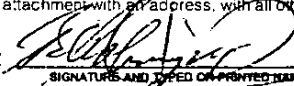


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90002 047 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                 |                                                                                                                     |                                                                                                                                                                                          |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>DOCUMENT # N98000003101</b><br>1. Entity Name<br>VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                 |                                                                                                                     |                                                                                                         |                                 |
| Principal Place of Business<br>12136 ST. ANDREWS<br>PLACE #206<br>MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                 | Mailing Address<br>12136 ST. ANDREWS<br>PLACE #206<br>MIRAMAR, FL 33025                                             |                                                                                                                                                                                          |                                 |
| 2. Principal Place of Business<br>1440 SW 82 Terra<br>Suite, Apt. #, etc.<br>914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 3. Mailing Address<br>1440 SW 82 Terra<br>Suite, Apt. #, etc.<br>914                                            |                                                                                                                     |                                                                                                                                                                                          |                                 |
| City & State<br>Plantation, FL, 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | City & State<br>Plantation, FL, 33324                                                                           |                                                                                                                     | 4. FEI Number<br>65-0839357                                                                                                                                                              |                                 |
| Zip<br>33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Country<br>FL                                                                                                   |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                 |                                 |
| 6. Name and Address of Current Registered Agent<br>ADROAMMZA, RAFAEL<br>12136 ST. ANDREWS PLACE<br>#206<br>MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                 |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name ADRIANZA RAFAEL<br>Street Address (P.O. Box Number is Not Acceptable)<br>1440 SW 82 TERRA # 914<br>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 <br><small>Signature, typed or printed name of registered agent and title, if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | ADRIANZA RAFAEL                                                                                                 |                                                                                                                     | 07/24/06<br><small>DATE</small>                                                                                                                                                          |                                 |
| Filing Fee is \$61.25<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                     | Make check payable to<br>Florida Department of State                                                                                                                                     |                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                               |                                                                                                                                                                                          |                                 |
| TITLE P<br>NAME ADRIANZA, RAFAEL<br>STREET ADDRESS 121 36 ST. ANDREWS PALCE #206<br>CITY-ST-ZIP MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Delete |                                                                                                                 | TITLE P<br>NAME ADRIANZA RAFAEL<br>STREET ADDRESS 1440 SW 82 TERRA # 914<br>CITY-ST-ZIP PLANTATION, FL, 33324       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                             |                                 |
| TITLE D<br>NAME SUAREZ, CARLOS<br>STREET ADDRESS 809 S. POINCIANA 3205<br>CITY-ST-ZIP MIAMI SPRING, FL 33166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Delete |                                                                                                                 | TITLE D<br>NAME DIAZ LUIS<br>STREET ADDRESS 254I SW 27 AVE # 302<br>CITY-ST-ZIP MIAMI, FLA, 33135                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                             |                                 |
| TITLE D<br>NAME DEVARONA, SERGIO<br>STREET ADDRESS 304 PALERMO AVE<br>CITY-ST-ZIP CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Delete |                                                                                                                 | TITLE D<br>NAME SCOTT DESTRY<br>STREET ADDRESS P.O. BOX 6227I<br>CITY-ST-ZIP FT. MAYERS, FL, 33906                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                             |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            |                                                                                                                 | TITLE D<br>NAME RUIZ CESAR<br>STREET ADDRESS I6680 S. POST Rd. # 20I<br>CITY-ST-ZIP WESTON, FL, 3333I               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                             |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            |                                                                                                                 | TITLE D<br>NAME ADRIANZA CHANY<br>STREET ADDRESS 2393 CONTINENTAL AVE. # B-I5<br>CITY-ST-ZIP TALLAHASSEE, FL, 32304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                             |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            |                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                 | ADRIANZA RAFAEL                                                                                                     |                                                                                                                                                                                          | 07/24/06<br><small>Date</small> |

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07172006 Chg-NP CR2E037 (4/06)