2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081558

VOLCAN, JACABEL

TERRAZAS DE ORIENTE CALLE 1A CASA 07

BARCELONA ANZOATEGUI, AZ 6001 VE

Name:

Address:

City-St-Zip:

Name: MANUEL VOLCAN ABUNDANCIA CORP

FILED Apr 29, 2009 Secretary of State

Entity Nai	ME: MANUEL	. VOLCAN ABUNDANCIA COI	RP.			
Current Principal Place of Business:				New Principal Place of Business:		
701 SW 27 SUITE 607 MIAMI, FL	7			2111 NW 104 AVE PEMBROKE PINES, FL	33026	US
Current Mailing Address:				New Mailing Address:		
701 SW 27 SUITE 607 MIAMI, FL	7			2111 NW 104 AVE PEMBROKE PINES, FL	33026	US
FEI Number	: 26-3297738	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PADILLA, 701 SW 27 SUITE 607 MIAMI, FL	7TH AVE			MARTINEZ, CARLOS 2111 NW 104 AVE PEMBROKE PINES, FL	33026	US
	e named entity e of Florida.	submits this statement for the	purpose of	changing its registered	office or r	egistered agent, or both,
SIGNATURE: CARLOS MARTINEZ					0	4/29/2009
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	jent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VOLCAN, MANI TERRAZAS DE) Delete UEL : ORIENTE CALLE 1A CASA 07 ANZOATEGUI, AZ 6001 VE		Title: (Name: Address: City-St-Zip:) Change(() Addition
Title: Name: Address: City-St-Zip:	MARIN, NERAL TERRAZAS DE) Delete .IA : ORIENTE CALLE 1A CASA 07 .NZOATEGUI, AZ 6001 VE		Title: (Name: Address: City-St-Zip:) Change(() Addition
Title: Name: Address: City-St-Zip:	VOLCAN, NERA TERRAZAS DE) Delete ALIA : ORIENTE CALLE 1A CASA 07 NZOATEGUI, AZ 6001 VE		Title: (Name: Address: City-St-Zip:) Change	() Addition
Title:	D () Delete		Title: () Change	() Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL VOLCAN P 04/29/2009