

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010697

**Entity Name:** VENEZUELAN SOCIETY FOR AUTISTIC CHILDREN AND ADULTS, INC.

**FILED**  
**Mar 16, 2021**  
**Secretary of State**  
**5942749115CC**

**Current Principal Place of Business:**

8877 COLLINS AVE  
APT 406  
SURFSIDE, FL 33154

**Current Mailing Address:**

8877 COLLINS AVE  
APT 406  
SURFSIDE, FL 33154 US

**FEI Number: 85-3492409**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROMERO-ISSAEV, RUBY  
8877 COLLINS AVE  
#406  
SURFSIDE, FL 33154 US

*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

**Officer/Director Detail :**

Title P  
Name ROMERO-ISSAEV, RUBY  
Address 8877 COLLINS AVE #406  
City-State-Zip: SURFSIDE FL 33154

Title VP  
Name RUSSO, FRANCA  
Address 4901 ARBOR SPRING CIRCLE  
City-State-Zip: TAMPA FL 33624

Title D  
Name LAHOUD, MARIA  
Address 16909 NORTH BAY RD #307  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby 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 all other like empowered.*

**SIGNATURE: RUBY ROMERO-ISSAEV**

**PRESIDENT**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date