2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 03, 2005 8:00 am Secretary of State **DOCUMENT # P02000092811** 1. Entity Name 05-03-2005 90147 043 ***150.00 VENSER GROUP CORPORATION Mailing Address Principal Place of Business 2772 RODEO DRIVE N.E. 2772 RODEO DRIVE N.E. PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 03-0479892 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, OSVALDO J Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40TH ST. SUITE 206 **MIAMI FL 33155** City Zip Code 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, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE TIT1 F ☐ Delete CHACIN, YUDITH A NAME NAME 2691 Stratford Point Dr. West Mulbourne, Fl 32904 2772 RODEO DRIVE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-\$1-ZIP TITLE ۷D ☐ Delete TITLE MORA, LEANDRO J 2691 Stratford Point Dr. NAME MARIE 2772 RODEO DRIVE N.E. STREET ADDRESS STREET ADDRESS WOST Melbourne, F1 32904 PALM BAY FL 32905 CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Addition THILE STD NAME NAME ACOSTA, YUDITH M STREET ADDRESS STREET ADDRESS 2772 RODEO DRIVE N.E. CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 607, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Daytime Phone #

☐ Change

☐ Addition