

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90125 020 ***150.00

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DOCUMENT # P97000024945

1. Entity Name
VENSOFT, CORP.



Principal Place of Business
**7220 NW 6TH ST
230
MIAMI FL 33166
US**

Mailing Address
**20855 NE 31ST PLACE
AVENTURA FL 33180
US**

60026501



2. Principal Place of Business

3. Mailing Address

7220 NW 36th. St.

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number **65-0761780**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
33166

Country
USA

Zip

Country

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

**MESA, MICHAEL
9600 NW 25 ST
SUITE 3F
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROMERO, GLISERIO	
STREET ADDRESS	20855 NE 31ST PLACE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROMERO, SONIA	
STREET ADDRESS	20855 NE 31ST PLACE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS MELUL	
STREET ADDRESS	20855 NE 31ST PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLISERIO ROMERO	
STREET ADDRESS	20855 NE 31ST PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONIA ROMERO	
STREET ADDRESS	20855 NE 31ST PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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.

SIGNATURE:

GLISERIO ROMERO 04/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0304 (10/02)