


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90044 050 ***158.75

DOCUMENT # S87370

1. Entity Name
VENTAL, INC.



Principal Place of Business 5805 BLUE LAGOON DR SUITE 175 MIAMI, FL 33126	Mailing Address 5805 BLUE LAGOON DR SUITE 175 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0308594	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCRARY, JAMES D.
 5805 BLUE LAGGON DRIVE
 SUITE 175
 MIAMI, FL 33126**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRARY, JAMES D. 7501 SW 54TH COURT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCRARY, JAMES 7501 SW 54 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIURIOLO, PIERLUIGI CALLE VARGAS 174 CIUDAD OVEDA, ZU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSARO, MIRCO CALLE VARGAS 160 CIUDAD OVEDA, ZU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOVAN, CONSTANTINO VIA MANZONI 2 PADOVA, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature] **Date:** Jan 6, 2005 **Daytime Phone #:** 305 262-9249