2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87370

Entity Name: VENTAL, INC.

Title:

Name:

Address: City-St-Zip: FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5805 BLUE LAGOON DR SUITE 175 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 5805 BLUE LAGOON DR SUITE 175 MIAMI, FL 33126 FEI Number: 65-0308594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CITELLI, LUIS J PRESIDE 5805 BLUE LAGGON DRIVE SUITE 175 MIAMI, FL 33126 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CITELLI, LUIS J Name: Name: 7314 N.W. 113 PL Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: CITELLI, LUIS J Name: 7314 N.W. 113 PL Address: Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GIURIOLO, MASSIMO, Name: Name: CALLE VARGAS 174 Address: Address: City-St-Zip: CIUDAD OJEDA, ZU City-St-Zip: Title: () Delete Title: () Change () Addition FUSARO, MIRCO I, Name: Name: Address: CALLE VARGAS 160 Address: City-St-Zip: CIUDAD OVEDA, ZU City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS J CITELLI P 02/13/2007

() Delete

PIOVAN, CONSTANTINO,

VIA MANZONI 2

PADOVA, ITALY,

() Change () Addition