

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90083 032 ***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**

00000110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0308594

Applied For

Not Applicable

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

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

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** Delete
NAME **MCCRARY, JAMES D.**
STREET ADDRESS **7501 SW 54 STREET CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
NAME
STREET ADDRESS **7501 SW 54TH COURT**
CITY-ST-ZIP

TITLE **ST** Delete
NAME **MCCRARY, JAMES**
STREET ADDRESS **7501 SW 54 CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GIURIOLO, PIERLUIGI**
STREET ADDRESS **CALLE VARGAS 174**
CITY-ST-ZIP **CIUDAD OJEDA ZU**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FUSARO, MIRCO I**
STREET ADDRESS **CALLE VARGAS 160**
CITY-ST-ZIP **CIUDAD OVEDA ZU**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PIOVAN, CONSTANTINO**
STREET ADDRESS **VIA MANZONI 2**
CITY-ST-ZIP **PADOVA, ITALY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE RECORDED. MCCRARY 1/3/03 (305) 262-9249
Date Daytime Phone #

CR2E034 (10/02)