2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:(
Secretary of St

DOCUMENT # F79143

1. Entity Name
VENTURE INVESTMENT BANKING, INC.

Principal Place of Business	Mailing Address
201 S. BISCAYNE BOULEVARD 1500 MIAMI CENTER STE 1500(RJS) MIAMI, FL 33131	201 S. BISCAYNE BOULEVARD 1500 MIAMI CENTER STE 1500(RJS) MIAMI, FL 33131

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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2361416
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BOULEVARD
1500 MIAMI CENTER STE 1500(RJS)
MIAMI, FL 33131

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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, 2004 Fee will be $550.00

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

000000108544
04/12/04-80007-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHADE, PETER J.
STREET ADDRESS	201 S. BISCAYNE BOULEVARD STE 1500(RJS)
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	SCHADE, PETER J.
STREET ADDRESS	201 S. BISCAYNE BOULEVARD STE 1500(RJS)
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: PETER J. SCHADE, President 3/5/04 (305) 358-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #