

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 023 ***150.00

DOCUMENT # F79143

1. Entity Name
VENTURE INVESTMENT BANKING, INC.



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

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

40026804



2. Principal Place of Business

3. Mailing Address

02202006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2361416

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

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

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHADE, PETER J.
201 S. BISCAYNE BOULEVARD STE 1500(RJS)
MIAMI, FL 33131

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHADE, PETER J.
201 S. BISCAYNE BOULEVARD STE 1500(RJS)
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
SCHADAE, PETER J.
Same

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/S
SCHADAE, ROSEMARIE
Same

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

2/21/06

Date

305 358-6300

Daytime Phone #