2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 05, 2004 8:00 am Secretary of State **DOCUMENT # 244043** 1. Entity Name 08-05-2004 90005 004 ***150.00 J. VENTURA & SONS, INC. Principal Place of Business Mailing Address 7407046 6608 COLLINS AVENUE 6608 COLLINS AVENUE MIAMI FL 33141 MIAMI FL-33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-0914175 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENTURA; HENRY Street Address (PO. Box Number is Not Acceptable) 11630 CANAL DR N MIAMI FL 33181 City 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 applicati FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Addition NAME VENTURA, FRANKLIN NAME STREET ADDRESS 375 GOLDEN BCH DR STREET ADDRESS CITY-ST-ZIP GOLDEN BCH FL CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME VENTURA, HENRY NAME STREET ADDRESS 11630 CANAL DRIVE STREET ADDRESS N. MIAMI FL. CITY-ST-7IP CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change Addition NAMÉ VENTURA, JACK NAME STREET ADDRESS 1025 CHISWELL LANE STREET ADDRESS C/TY-ST-ZIE SILVER SPRINGS MD CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

lentura President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED