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Jun 19, 2006 8:00 am
Secretary of State
06-19-2006 90339 001 ***300.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543359

1. Entity Name
VENTURA LTD. CORPORATION

Principal Place of Business	Mailing Address
430 W. 18TH ST. HIALEAH, FL 33010	430 W. 18TH ST. HIALEAH, FL 33010

66019819

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1767790
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETRUZZELLI, VICKI
31 E.RIVO ALTO DRIVE
MIAMI BCH., FL 33139

DO NOT WRITE IN THIS SPACE

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, 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	P
NAME	PETRUZZELLI, VICKI
STREET ADDRESS	31 E.RIVO ALTO DRIVE
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	ST
NAME	FENTON, ALAN
STREET ADDRESS	9408 NW 72ND COURT
CITY-ST-ZIP	TAMARAC, FL
TITLE	CEO
NAME	BOREN, ARTHUR
STREET ADDRESS	31 E.RIVO ALTO DRIVE
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/25/06 305-888-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VENTURA LTD.

11234
11234

Vendor No: FDS1 /Name: Florida Department of State

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
013006	J66511	01/30/06	150.00	150.00	0.00	0.00	150.00
013106	543359	01/31/06	150.00	150.00	0.00	0.00	150.00

Check lost re-issue #543359 6/6/06

ATTACHMENT 6/6/06 19819

(Acct: 11012-) Check Date = 04/18/06 Total = ****300.00