


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90169 029 \*\*\*150.00

**DOCUMENT # 583962 -**

1. Entity Name  
**ENRIQUE J. VENTURA CORPORATION**



Principal Place of Business      Mailing Address  
 7501 SW 88 ST. LF-13, DADELAND MALL      7501 SW 88 ST. LF-13, DADELAND MALL  
 MIAMI, FL 33156      MIAMI, FL 33156

**2415 INDIAN MOUND TRAIL 2415 INDIAN MOUND TRAIL**

2. Principal Place of Business      3. Mailing Address

Suite/Apt./# etc.      Suite, Apt. #, etc.  
 \_\_\_\_\_      **CORAL GABLES, FL**

City & State      City & State  
**CORAL GABLES, FL**      \_\_\_\_\_

Zip      Country      Zip      Country  
**33134**      **U.S.A**      **33134**      **U.S.A**



1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**59-1425767**      **NO-T APPLICABLE**       Not Applicable

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

6. Name and Address of Current Registered Agent

**VENTURA, ENRIQUE J**  
**7501 SW 88 ST. LF-13, DADELAND MALL**  
**MAIMI FL 33156**

7. Name and Address of New Registered Agent

Name      **ENRIQUE J. VENTURA**

Street Address (P.O. Box Number is Not Acceptable)  
**2415 INDIAN MOUND TRAIL**

City      **CORAL GABLES**      **FL**      Zip Code      **33134**

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      *E. Ventura*      DATE      **2-24-06**

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURA, ENRIQUE J.	NAME	
STREET ADDRESS	2415 INDIAN MOUND TRL	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURA, EMMA	NAME	
STREET ADDRESS	2415 INDIAN MOUND TRL	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 exemptions contained in Section 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: *E. Ventura*      ENRIQUE J. VENTURA      DATE: **2-24-06**      DAYTIME PHONE: **305-446-5748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR