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

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # 583962 -1. Entity Name 03-08-2006 90169 029 ***150.00 ENRIQUE J. VENTURA CORPORATION Principal Place of Business Mailing Address 7501 SW 88 ST. LF-13, DADELAND MALL MIAMI, FL 33156 7501 SW 88 ST. LF-13, DADELAND MALL MIAMI, FL 33156 2415 INDIAN MOUND TRAIL 2415 INDIAN MOUND TRAIL Suite-Apt-#; etc. Suite, Apt. #; etc. 1st MOORE CR2E034 (10/05) CORAL GABL Applied For City & State 59-1425367NO-T APPLICABLE City & State Not Applicable JA NO. Zip \$8.75 Additional 5. Certificate of Status Desired 3313<u>4</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VENTURA, ENRIQUE J Street Address (P.O. Box Number is Not Acceptable) 245 INDIAN (MOUND) TRAIL 7501 SW 88 ST. LF-13, DADELAND MALL **MAIMI FL 33156** CITY CORAL GABLES 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME VENTURA, ENRIQUE J. 2415 INDIAN MOUND TRL STREET ADDRESS STREET ADDRESS CITY-SI-74P -CITY-ST-ZIP CORAL GABLES FL ☐ Change ☐ Addition Delete TITLE TITLE VENTURA, EMMA NAME NAME STREET ADDRESS 2415 INDIAN MOUND TRL STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P COY-ST-7IP Addition TITLE ☐ Defete TITLE Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ___ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.

FILED