

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F03000003763**

1. Entity Name  
**VENTO MOTORCYCLES, INCORPORATED**



Principal Place of Business  
**6190 CORNERSTONE COURT  
SUITE 200  
SAN DIEGO, CA 92121**

Mailing Address  
**6190 CORNERSTONE COURT  
SUITE 200  
SAN DIEGO, CA 92121**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3016691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**6. Name and Address of Current Registered Agent**

**SCOTT, MATTHEW  
2123 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021**

**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 *Matthew Scott* **Matthew Scott**

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

**1000000402643  
02/03/06-80016-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRA, CLAUDIA E 8410 GAVIN RD BLDG B LAREDO, TX 78045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ-CAZARES, CESAR 8410 GAVIN RD BLDG B LAREDO, TX 78045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CALDERON, ISAAC 6190 CORNERSTONE COURT, SUITE 200 SAN DIEGO, CA 92121
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #