



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90080 018 ***158.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01072008 Chg-P CR2E034 (12/06)				4. FEI Number 74-3016691	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZAIDA, CHAPARRO 1600 SARNO RD SUITE 108 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name NRAI SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Ste 4 City Weston FL Zip Code 33331		
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 <i>Xonda Diven</i> Xonda Diven, Assistant Secretary Y 8108 <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUERRA, CLAUDIA E 8410 GAVIN RD BLDG B LAREDO, TX 78045	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NUNEZ-CAZARES, CESAR 8410 GAVIN RD BLDG B LAREDO, TX 78045	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CALDERON, ISAAC 6190 CORNERSTONE COURT, SUITE 200 SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Xonda Diven</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-18-08 858-477-1450 <small>Date Domestic Phone #</small>		