2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)					FILED			
DOCUMENT # G28502 1. Entity Name		ų				r 11, 2005	08:0	
VENCO, I	INC.		•			Secretary (ot Sta	ite
Principal Plac	e of Business	Mailing Address						-
2200 W COMMERCIAL BLVD., #301 PO BOX 142290 GAINESVILLE FL 32614-2290 US		2200 W COMMERCIAL BLVD., #301 PO BOX 142290 GAINESVILLE FL 32614-2290 US						
2. Principal Place of Business		3. Mailing Address					TO BIET BIET BIE	Balow) II IBBI
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)			
City & State		City & State		4. FEI Number 59-2	764990	No	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status	Desired A	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
ALBERTINE MICHAEL O					<u></u>			
220	O W COMMERCIAL BLVD, S RT LAUDERDALE FL 33309	JITE 301 Street Address		(P.O. Box Number is Not A	«cceptable)			
]				City		<u> </u>	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its registe					<u> </u>			
After	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of		NOTE Registered	d Agent signature require	9. Elect	ion Campaign Financii Fund Contribution.		00 May Be
10.	OFFICERS AND	· · · ·	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	SIN II
TITLE	PT	☐ Delete	TITLE		1.0	20000250139	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	WYSZKOWSKI, LEON 2200 W COMMERCIAL BLVD, SUIT FORT LAUDERDALE FL 33309	TE 301,		ET ADDRESS - ST-ZIP	U00000250139 □ Change □ Addition 03/12/05-80012-023 158.75			
THE	vs	☐ Delete	TITLE	- 1			☐ Change	Addition
NAME STREET ADDRESS	TO COLOUR CONTROL OF THE PROPERTY OF THE PROPE		NAMI	ET ADDRESS				
CITY+ST-ZIP	2200 W. COMMERCIAL BLVD #30 FORT LAUDERDALE FL 33309			-Si-ZIP				
unt		☐ Delete	- Fitte				Change	Addition
NAME			NAMI CTRE					
STHEET ADURESS CITY-ST-ZIP			•	ET AUDHLSS ST- ZIP				
THE		Delete	TITLE				Change	Addition
NAME			NAMI					
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP		<u> </u>		ST-ZIP			Change	☐ Addition
NAME		☐ Delete	TITE NAM	,			CT ourdifte	∭ Vadition
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	·ST-ZIP				
TITLE		☐ Delete	TITLE	j			☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STRE	ET ADDRESS				
CITY-ST-ZIP	}			·S1-71P				
12. I hereby	certify that the information supplied with	this filing does not qualify	y for the exe	mption stated in S	ection 119.07(3)(i), Florida	Statutes I further cert	ify that the i	nformation

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:

Leon Wyszkowski, Pres.

March 9, 2005 (352) 332, 9944

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR