2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # J31877 **Secretary of State** 1. Entity Name VENTURA INN, INC. Principal Place of Business Mailing Address % VINCENT PROVENZANO 720 NORTH FEDERAL HIGHWAY % VINCENT PROVENZANO 720 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2784713 Not Applicate Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROVENZANO, VINCENT Street Address (P.O. Box Number is Not Acceptable) 720 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 City Zip Code 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 Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstaling) DAYE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP TITLE ☐ Delete ☐ Change ☐ Addition NAME PROVENZANO, VINCENT NAME 100000413768 !1706-80009-021 150.00 STREET ADDRESS STREET ADDRESS 720 N. FEDERAL HWY CITY-ST-70P HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME PROVENZANO, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 720 N FED HWY CITY-ST-ZIP HOLLYWOOD FL 33020 CHY-ST-ZIP ☐ Delete THLE ☐ A.: " ☐ Change NAME PROVENZĂNO, MONIQUE NAME STREET ADDRESS 720 N FED HWY STREET ADDRESS CITY - ST - ZIP CITY -ST- ZP HOLLYWOOD FL 33020 TITLE Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Askiiii NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Delete 31116 ☐ Change Adv. NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP

12. I hereby certify that the information supplied with this fling 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Grapher 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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