

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # K21209

1. Entity Name

JEROME P. VENTURA, P.A.



Principal Place of Business

1951 NW 150TH AVE.

103

PEMBROKE PINES, FL 33028 US

Mailing Address

1951 NW 150TH AVE.

103

PEMBROKE PINES, FL 33028 US

DO NOT WRITE IN THIS SPACE



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0027821

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENTURA, JEROME P.

1951 NW 150TH AVE.

103

PEMBROKE PINES, FL 33028

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VENTURA, JEROME P.
STREET ADDRESS 1951 NW 150TH AVE., 103
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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02/12/08-80027-001 150.00

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 #