


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90043 026 \*\*\*150.00

<b>DOCUMENT # M58886</b> 1. Entity Name <b>VENTURA CAPITAL CORP.</b>					
Principal Place of Business <b>1420 COLLINS AVE</b> <b>MIAMI, FL 33138 US</b>			Mailing Address <b>5890 SW 8TH ST</b> <b>MIAMI, FL 33144 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5631 BISCAYNE BLVD</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>MIAMI FL</b> Zip <b>33137</b>		Country <b>USA</b>	
4. FEI Number <b>65-0065496</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALDES, ORLANDO J.</b> <b>9551 SW 56 CT</b> <b>CORAL GABLES, FL 33156</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VALDES, ORLANDO J.</b> <b>9551 SW 56 CT</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>VALDES, GLADYS</b> <b>9551 SW 56 CT</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b> <u>Orlando J. Valdes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/27/06</u> Daytime Phone # <u>305 751 4742</u>			