

2005 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND
FILED

05 APR 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132005 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # P00000048762					
1. Entity Name VENMEX INTERNATIONAL, INC.					
Principal Place of Business 576 LAKEWORTH CIRCLE HEATHROW, FL 32746			Mailing Address 576 LAKEWORTH CIRCLE HEATHROW, FL 32746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3648463	
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 RAMSBOTT, ANGELO E 576 LAKEWORTH CIRCLE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name <u>SPIEGEL & UTRERA, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1840 CORAL WAY</u> City <u>MIAMI</u> FL Zip Code <u>33145</u>		
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 <u>SPIEGEL & UTRERA, P.A.</u> SIGNATURE BY: <i>[Signature]</i> <u>Vice President Natalia Utrera</u> 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input 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	PD RAMSBOTT, ANGELO A 576 LAKEWORTH CIRCLE HEATHROW, FL 32746 <input checked="" 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	VD RAMSBOTT, ANGELO E 576 LAKEWORTH CIRCLE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, VD RAMSBOTT, ANGELO E. 576 LAKEWORTH CIRCLE HEATHROW, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMSBOTT, ROSITA 576 LAKEWORTH CIRCLE HEATHROW, FL 32746 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054006 BUB 05/06/05--01050--016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>[Signature]</i> <u>ANGELO E. RAMSBOTT</u> 04/12/05 407-333-3900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					