2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

ANNUAL REPORT						Api 20, 2004 00:00 AM				
DOCUMENT # P0100002850- 1. Entity Name VENAMERICA MANAGEMENT, INC.						Secretary of State				
Principal Place of Business M			Mailing Address							
2977 MCFARLANE ROAD			2977 MCFARLANE ROAD							
SUITE 303		S	SUITE 303		,					
COCONUT GROVE, FL 33133		C	COCONUT GROVE, FL 33133			* 	teriori ilimir mair? etalli deri!	 Taril Berill (198		
2. Principal Place of Business		3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc			04052004	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Number 65-1067			No	plied For t Applicable
Zip	Country		Zip Count		itry .	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Reg			sistered Agent			7. Name and Address of New Registered Agent				
	o, mane and mane or	Name								
CAMBO, ROBERT L 2977 MCFARLANE ROAD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 303 COCONUT GROVE, FL 33133										· · · · · · · · · · · · · · · · · · ·
					City	·	<u></u> .	FL	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 Sensiture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
-	-			_				7		
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contributi						.00 May Be ed to Fees				
10.	OFFICE	RS AND DIREC	RECTORS 11.			ADDITIONS/0	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11
TITLE	D Delete			TITLE	E				Change	☐ Addition
NAME	CAMBO, ROBERT L			NAM			11000000 04/27/04-	132275		
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CITY - ST - ZIP					-ST-ZIP					
	certify that the information supp	lied with this fi	iling does not qualify for	the exe	mption stated in Se	ction 119,07(3)(i)), Florida Statutes.	l further certi	fy that the ir	nformation
12. Thereby certify that the information supplied with this filling 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 it 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										
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath, that i am an direct or directors 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.										