

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106540

FILED  
Mar 23, 2004  
Secretary of State

Entity Name: VENTURCAP FINANCIAL GROUP OF FLORIDA, INC.

## Current Principal Place of Business:

615 RESERVOIR AVE.  
CRANSTON, RI 02910 US

## New Principal Place of Business:

17220 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33157 US

## Current Mailing Address:

615 RESERVOIR AVE.  
CRANSTON, RI 02910 US

## New Mailing Address:

FEI Number: 05-0520604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KESHEN, NELSON C  
NELSON C. KESHEN, P.A.  
9130 S. DADELAND BLVD., SUITE 1511  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete  
Name: WIGGINS, EDWARD J  
Address: 615 RESERVOIR AVENUE  
City-St-Zip: CRANSTON, RI 02910

Title: V ( ) Delete  
Name: WIGGINS, TREVOR J  
Address: 2420 DIVISION ROAD  
City-St-Zip: EAST GREENWICH, RI 02818

Title: T ( ) Delete  
Name: DONLON, STEPHEN J  
Address: 7 WEST MILL STREET  
City-St-Zip: MEDFIELD, MA 02052

Title: S ( ) Delete  
Name: STOLER, JEFFREY M  
Address: 225 FRANKLIN STREET  
City-St-Zip: BOSTON, MA 02110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR J. WIGGINS

V

03/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date