

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106540

FILED
Feb 26, 2008
Secretary of State

Entity Name: VENTURCAP FINANCIAL GROUP OF FLORIDA, INC.

Current Principal Place of Business:

17220 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157 US

New Principal Place of Business:

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 ()

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 exemption stated 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 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 WIGGINS

V

02/26/2008

Electronic Signature of Signing Officer or Director

Date