


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000017125 1. Entity Name VENT CARE, INC. |  |
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| Principal Place of Business 15602 LINDA LOU DR WEST PALM BEACH, FL 33415 | Mailing Address 1560 LINDA LO DRIVE WEST PALM BEACH, FL 33415 |
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 02-0562638 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TALAVERA, SIDNEY 1560 LINDA LO DRIVE WEST PALM BEACH, FL 33415 |
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IN THIS SPACE**

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.


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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reappointing) | DATE _____ |
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| 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 | U000000230470 02/15/05-80041-015 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TALAVERA, SIDNEY 1560 LINDA LOU DR WEST PALM BEACH, FL 33415 |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 2-6-05 <small>Date</small> | <small>Daytime Phone #</small> |
|--|--------------------------------------|--------------------------------|