

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 30 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042004 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000020865
1. Entity Name
VENTANA PARTNERS, INC.



Principal Place of Business: ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401
Mailing Address: ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

4. FEI Number: 81-0549561 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WIENER, DAVID J ESQ
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

DO NOT WRITE 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.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
400035846534
05/11/04--01009--013 **676.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRESTON, JOHN W.S.
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE. 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVS
NAME	GREEN, ROBERT S
STREET ADDRESS	2851 JOHN ST., STE. 1, MARKHAM
CITY-ST-ZIP	ONTARIO L3R 5R7 CANACA,
TITLE	DVAS
NAME	HAMILTON, TOM
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

ff \$150.00

TAP

11. 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: Tom Hamilton 2/23/04 Date 561-835-1810 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR