

**FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000041305	
1. Entity Name	
Venture Capital Investment & Management Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 655 NW 128 Street	3. Mailing Address	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Miami, FL	City & State	4. FEI Number 04-3646477	Applied For Not Applicable
Zip 33168	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name John Incorvia		
	Street Address (P.O. Box Number is Not Acceptable) 655 NW 128 Street		
	City Miami	FL	Zip Code 33168

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T John Incorvia 655 NW 128 Street Miami, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UBR0000142793 04/30/04-80065-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 John Incorvia, Pres.

4/27/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #