

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

**FILED** ATX1  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P02000041305
1. Entity Name
Venture Capital Investment & Management Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 655 NW 128 Street Suite, Apt. #, etc. 202		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33168	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3646477		Applied For Not Applicable	
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	State <b>FL</b>
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

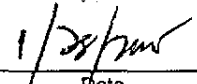
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD John Incorvia 655 NW 128 Street Miami, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000207693 02/01/05-80054-020 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  John Incorvia, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/28/05  
Date (305) 681-7877  
Daytime Phone #