


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90218 047 ***150.00

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| DOCUMENT # P02000092811 | |  | |
| 1. Entity Name VENSER GROUP CORPORATION | | | |
| Principal Place of Business 2772 RODEO DRIVE N.E. PALM BAY FL 32905 | | Mailing Address 2772 RODEO DRIVE N.E. PALM BAY FL 32905 | |
| 2. Principal Place of Business 2691 STRATFORD POINT DR. | | 3. Mailing Address | |
| Suite, Apt. #, etc. W/MELBOURNE | | Suite, Apt. #, etc. | |
| City & State FLORIDA | | City & State | |
| Zip 32904 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 SW 40TH ST. SUITE 206 MIAMI FL 33155 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 reissuing) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHACIN, YUDITH A 2691 STRATFORD POINT DR. MELBOURNE FL 32904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MORA, LEANDRO J 2691 STRATFORD POINT DR. MELBOURNE FL 32904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Judith A. Chacin</i> | | 04/24/06 (321) 2439375 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |