

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90030 018 \*\*\*150.00

**DOCUMENT # P03000054271**

1. Entity Name  
**VENEZUELA ENVIOS CORPORATION**



Principal Place of Business  
**726 ARTHUR GODFREY RD 2ND FL  
MIAMI BCH, FL 33140**

Mailing Address  
**726 ARTHUR GODFREY RD 2ND FL  
MIAMI BCH, FL 33140**

**39013103**



2. Principal Place of Business  
**5900 Collins Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**5900 Collins Ave**  
Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State  
**Miami Beach FL**  
Zip **33140** Country **USA**

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Zip **33140** Country **USA**

4. FEI Number  
**51-0468210**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NOGUERA, DULCE**  
**726 ARTHUR GODFREY RD 2ND FL**  
**MIAMI BCH, FL 33140**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5900 Collins Ave**  
City **Miami Beach FL** Zip Code **33140**

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 *Dulce Noguera*

Signature, name or printed name of registered agent and title if applicable. (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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**NOGUERA, DULCE**  
**726 ARTHUR GODFREY RD 2ND FL**  
**MIAMI BCH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**5900 Collins Ave**  
**Miami Beach, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: *Dulce Noguera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #