
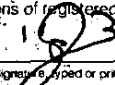
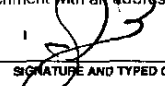


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90210 037 ***150.00

DOCUMENT # P03000119686 1. Entity Name VENTEAST 830, INC.																																	
Principal Place of Business 21010 W DIXIE HWY MIAMI, FL 33180 US			Mailing Address 21010 W DIXIE HWY MIAMI, FL 33180 US																														
2. Principal Place of Business 4966 S.W. 35 Terr. Suite, Apt. #, etc.		3. Mailing Address 4966 S.W. 35 Terr. Suite, Apt. #, etc.																															
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		4. FEI Number 20-0333719																													
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MARIANOWSKY, JAYIR 21010 W DIXIE HWY MIAMI, FL 33180			7. Name and Address of New Registered Agent Name GILEAD-ZUR TSAFRIRA Street Address (P.O. Box Number is Not Acceptable) 4966 S.W. 35 Terr. City FT. LAUDERDALE FL Zip Code 33312																														
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  GILEAD-ZUR TSAFRIRA 04-22-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P MARIANOWSKY, JAYIR 21010 W DIXIE HWY MIAMI, FL 33180 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIANOWSKY, JAYIR 21010 W DIXIE HWY MIAMI, FL 33180		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P GILEAD-ZUR TSAFRIRA 4966 S.W. 35 Terr. FT. LAUDERDALE FL 33312 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILEAD-ZUR TSAFRIRA 4966 S.W. 35 Terr. FT. LAUDERDALE FL 33312		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 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:  GILEAD-ZUR TSAFRIRA 04-22-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	

14009775



04222004 Chg-P CR2E034 (10/03)