

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90730 035 ***150.00

DOCUMENT # P03000124523

1. Entity Name

VEMASCA, INC.



Principal Place of Business

6991 NW 50 STREET
SUITE 2
MIAMI FL 33324

Mailing Address

6991 NW 50 STREET
SUITE 2
MIAMI FL 33324

66420095



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

270071143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, DIDIMO A
6991 NW 50 STREET
SUITE 2
MIAMI FL 33324

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

Signature, typed or printed name of registered agent and file 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARTINEZ, DIDIMO A
STREET ADDRESS 8224 NW 8 PLACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ Delete
NAME KHAIR, MANUEL
STREET ADDRESS AV: 10 LAS VILLAS LECHERIA
CITY-ST-ZIP ANZOATEGUI, VENEZUELA

TITLE D ☐ Delete
NAME LAESKER, DENIS F
STREET ADDRESS AV: MIRAMAR EDIF. MALOMAR-11K
CITY-ST-ZIP FORLAMAR, MARGARITA VENEZ

TITLE SD ☐ Delete
NAME TIMBIS, ANA MARIA
STREET ADDRESS 13454 SW 22 TERR
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

305-7189011

Date

Daytime Phone #