2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

	ANNUAL R	EPORT (AF	<u> </u>		_	ILED		
DOCUMENT # P03000124523 1. Entity Name					Apr 27, 2005 08:00 AM Secretary of State			
VEMASC	CA, INC.				Secre	tary or k	race	
Principal Plac	ce of Business	Mailing Address	<u></u> ,		-			
6991 NW 50 STREET 6991 NW 50 STREET								
SUITE 2 MIAMI FL 33324		SUITE 2 MIAMI FL 33324				 		()
WIANTES	33324	MIAMI FL 33324		-				
2. Principal Place of Business		3. Mailing Address		T INVESTMENT ATT MANAGEMENT ATT AND ADDRESS AND ADDRES	1	ST STILL HANN	IIII III II IE I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034	(10/04)		
City & State		City & State		4. FEI Number 27-0071	143		pplied For	
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desir		8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and Address of No			
				Name				
MARTINEZ, DIDIMO A 6991 NW 50 STREET SUITE 2				Street Address	pet Address (P.O. Box Number is Not Acceptable)			
	MI FL 33324	**						
				City		FL.	Zip Cod	le
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s register	ed office or registe	red agent, or both, in the State of		l miliar with,	and accept
SIGNATURE			Annese e	<u> </u>				
	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E Registere	d Agent signature require	d when reinstating)	DATE		
l.	FILE NOW!!! FEE IS \$150.00	- 1			9 Flection Cs	mpaign Financin		.00 May Be
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	State						ed to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	SIN 11
TOTAL	D	☐ Delete	TITLE				☐ Change	Addition
NAME	MARTINEZ, DIDIMO A		NAM	·	U00000336398 04/27/05-80122-023 150.00			
STREET ADDRECS CITY-ST-ZIP	8224 NW 8 PLACE PLANTATION FL 33324		STREET ADURESS CITY-ST-ZIP		04/27/05	-80122-02	3 150.	00
DILE	D							
NAME	KHAIR, MANUEL	☐ Delete	TITLE	I			☐ Change	☐ Addition
STREET ADDRESS	AV: 10 LAS VILLSA LECHERIA		4	FT ADDRESS				
CITY-ST-ZIP	ANZOATEGUI, VENEZUELA		GILY-	-\$1- <i>1</i> 1P				
UTLE	D	☐ Delete	1) Juli		····	-	Change	Addition
NAME	LAESKER, DENIS F		NAME					
CITY-ST-ZIP	AV: MIRAMAR EDIF. MALOMAR 11 PORLAMAR, MARGARITA VENEZ	K		ET ADDRESS ST-ZIF				
TITLE	SD SD							The same of
NAME	TIMBIS, ANA MARIA	∟ Delete	TOTALE			;	Change	Addition
STREET ADDRESS	13454 SW 22 TERR		and the second	ET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33175		CITY-	ST-ZIP				
ITLE		☐ Delete	ittl£				Change	☐ Addition
NAME			NAME					
STREET ADDRESS				TY ADDRESS				
CITY-ST-ZIP		<u> </u>		ST ZIP				
TITLE NAME		☐ Delete	(ITLE NAME	ţ		į	Change	Addition
STREET ADDRESS				T ADDRESS				
CITY-SI-ZIP				ST-ZIP				
12. hereby c	certify that the information supplied with t	his filing does not qualify for	r the exer	I nption stated in Se	ection 119.07(3)(i), Florida Statut	es. I further certif	y that the ir	nformation
indicated of the cor changed,	certify that the information supplied with to on this report or supplemental report is poration or the receive, or mistee empor or on an attachment with a soriess, w	true and accurate and that n wered to execute this report ith all other like empowered	ny signati as requir	ure shall have the ed by Chapter 607	same legal effect as if made und , Florida Statutes; and that my r	der oath, that I am ame appears in I	an officer Block 10 or	or director Block 11 if

Dale

Daytme Phone #