

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4/ May 23, 2005 8:00 am
Secretary of State

04-22-2005 90304 001 ***150.00

DOCUMENT # P03000147595	
1. Entity Name M. VENTURA INVESTIGATION INC.	

Principal Place of Business 175 FOUNTAINEBLEU BLVD #2L3 MIAMI, FL 33172	Mailing Address 175 FOUNTAINEBLEU BLVD #2L3 MIAMI, FL 33172
---	---

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1215202	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VENTURA, MERCY - 175 FOUNTAINEBLEU PARK P.O. BOX 140327 Blvd - Suite 2L3 MIAMI, FL 33114 Miami - Florida 33172

DO NOT WRITE
IN THIS SPACE

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 <u>Mercy Ventura</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-16-2005</u> (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D - President VENTURA, MERCY P.O. BOX 140327 MIAMI, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President V. President ESTEBAN VENTURA 175 FOUNTAINEBLEU BLVD Suite 2L3-Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARCIE VENTURA 175 FOUNTAINEBLEU BLVD. Suite 2L3 Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONAL DIRECTOR FRANCISCO M DEVIS 175 FOUNTAINEBLEU BLVD Suite 2L3 Miami, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Mercy Ventura</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-17-2005</u> 305971-7338 Date Daytime Phone #