2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P04000083325

Entity Name: THE VENTURE E629 INC.

Current Principal Place of Business:

18555 NE 14 AV
503
NORTH MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

18555 NE 14 AV
503
NORTH MIAMI, FL 33179

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GITTLESON, SHELDON
1100 N.E 163RD STREET
401
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARAZI, MARCOS
Address: 820 S. HOLLYBROOK DRIVE APT. 105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP ( ) Delete
Name: ARAZI, BETTINA
Address: 18555 NE 14 AV
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete
Name: FERNANDEZ, CARLOS
Address: 3120 HALLANDALLE BEACH BL # 422
City-St-Zip: HALLANDALLE, FL 33009

Title: D ( ) Delete
Name: GUTIERREZ, OSVALDO
Address: 820 S. HOLLYBROOK DRIVE APT. 105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: MENA, HECTOR
Address: 18555 NE 14 AV # 503
City-St-Zip: NORTH MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARAZI, MARCOS
Address: GOROSTIAGA 1749
City-St-Zip: BUENOS AIRES, CA 1426 AR

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FERNANDEZ, CARLOS
Address: 3120 HALLANDALLE BEACH BL # 422
City-St-Zip: HALLANDALLE, FL 33009 US

Title: D (X) Change ( ) Addition
Name: GUTIERREZ, OSVALDO
Address: 3120 HALLANDALLE BEACH BL # 422
City-St-Zip: HALLANDALLE, FL 33009 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARAZI BETINA D 04/29/2006

Electronic Signature of Signing Officer or Director — Date