## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000096358** 

1. Entity Name
VENCER CORPORATION



Principal Place of Business

555 NE 15TH STREET SECOND FLOOR MIAMI. FL 33132 Mailing Address

555 NE 15TH STREET SECOND FLOOR MIAMI, FL 33132

## FILED Mar 05, 2007 08:00 AM Secretary of State



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 02062007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 87-0728508
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACQUEMIN, SANDRA 555 NE 15TH STREET SECOND FLOOR MIAMI, FL 33132

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8	. The above named entity submits this statement for the p	urpose of changing it	registered agent, or bo	th, in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.					

SIGNATURE\_\_\_\_\_\_\_Signature, typed

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITI F NAME JACQUEMIN, SANDRA 9101 SW 62ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 NAME JACQUEMIN, LUCIEN STREET ADDRESS 9101 SW 62ND COURT CITY-ST-ZIP MIAMI, FL 33156 HILE NAMÉ STREET ADDRESS CHY-SI-7tP MLE NAME STREET ADDRESS CITY+ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 attacking with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CHY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CHY-S1-ZIP

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3,107

305312372

Daytime Phone #