2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000096358

1. Entity Name
VENCER CORPORATION

Principal Place of Business	Mailing Address
555 NE 15TH STREET SECOND FLOOR MIAMI, FL 33132	555 NE 15TH STREET SECOND FLOOR MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

01022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
87-0728508	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 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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	JACQUEMIN, SANDRA
STREET ADDRESS	9101 SW 62ND COURT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	JACQUEMIN, LUCIEN
STREET ADDRESS	9101 SW 62ND COURT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/08-80001-010 150.00

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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 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: _Sandra Jacquemin._ Sandra Jacquemin · 01-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #