FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO4000133356



FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90096 045 ***150.00

Genventure Corporation											
DO NOT WRITE IN THIS SPA					ACE			60028628			
Principal Place of Business 100 SE 2d Street, 36th Floor			3. Mailing Address 100 SE 2d Street, 36th Floor								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Miami			City & State Miami			4.	4. FEI Number 34-2018527 Applied For Not Applicable				
Zip FL	Country 33131	Zi _l FL		stry 5. Co			5. Certificate of Status Desired				
	_		-			7.	Nam	e and Address of Current Registered A	gent		
DO NOT WRITE								Saydun			
								(P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE			100 SE 2d Street, 36th Floor				,		
					^{City} Miami			FL Zip Code 33131			
	named entity submits this statement for tions of registered agent	the pu	rpose of changing its	register	4		ager	nt, or both, in the State of Florida. I am fan			
SIGNATURE		-			aydun	4/10/		T			
t-	Signature, typed or printed name of registered agent at nuary 1 - May 1 Fee is \$150.00	nd ##e if a	pplicable. (NOTE	. Registere	id Agent signatu	re required whe	en rein:	stating) DATE		<u> </u>	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of:	State						9. Election Campaign Financing Trust Fund Contribution.		55.00 May Be added to Fees	
10.	OFFICERS AND D	DIRECT	ORS								
TITLE	Yuda Saydun				E .						
NAME STREET ADDRESS	100 SE 2d Street, 36th Floor				NAME STREET ADDRESS						
CITY-ST-ZIP	Miami, FL 33131			-ST-ZIP							
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NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
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CITY-ST-ZIP				TITL	-ST-ZIP						
TITLE NAME				NAM				IN THIS SPAC	E		
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NAME				NAM							
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY	(-ST-ZIP						
12. Thereby	certify that the information supplied with	this filir	ng does not qualify for	the exe	emption stat	ed in Section	on 11	19.07(3)(i), Florida Statutes. I further certif	y 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 on an attachment with an address, with all other like empowered.

SIGNATURE: -

Yuda Saydun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2006

305 728 8473

Daytime Phone #