

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

04-15-2005 90082 032 ***158.75

DOCUMENT # P04000136541 1. Entity Name VENTURA MANOR, INC.					
Principal Place of Business 3483 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160			Mailing Address 3483 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-7692433	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MICHAEL P. CUDLIPP, P.A. 3483 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name GLADYS VALDES Street Address (P.O. Box Number is Not Acceptable) 5631 BISCAYNE BLVD MIAMI, FL 33137 City FL Zip Code		
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 revalidating) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALDES, GLADYS I 3483 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALDES, GLADYS 5631 BISCAYNE BLVD MIAMI, FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VALDES, ORLANDO J 3483 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VALDES, ORLANDO J 5631 BISCAYNE BLVD MIAMI, FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/5/05 Daytime Phone # 305-751-4742		

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