

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90379 046 ***150.00

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04242008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000026556					
1. Entity Name VENECA TRANSPORT, INC.					
Principal Place of Business 8031 NW 8TH STREET #13 MIAMI, FL 33126			Mailing Address P.O. BOX 161301 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 9860 SHERIDAN ST Suite, Apt. #, etc. 04-203		3. Mailing Address PO Box 840312 Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 20-2389965	
Zip 33024	Country USA	Zip 33084	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, HENRY O 8031 NW 8TH STREET #13 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIAZ, HENRY O 8031 NW 8TH STREET #13 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, JENWIFER. 9860 SHERIDAN ST #04-203 PEMBROKE PINES, FL 33024.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, HENRY O 9860 SHERIDAN ST #04-203 PEMBROKE PINES, FL 33024.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 			Date: 4/24/08 Daytime Phone #: 786-488-5177		