

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000031507

1. Entity Name
VENEGON INVESTMENT CORPORATION



Principal Place of Business
**4160 WEST 16TH AVENUE
SUITE 207
HIALEAH, FL 33012**

Mailing Address
**4160 WEST 16TH AVENUE
SUITE 207
HIALEAH, FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEEMA, BALWANT
4160 WEST 16TH AVENUE
SUITE 207
HIALEAH, FL 33012**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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
**PO
GONZALEZ, JOSE L
4160 WEST 16TH AVENUE, SUITE 207
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTD
GONZALEZ, JESUS M
4160 WEST 16TH AVENUE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
CHAO, MARIELA M
4160 WEST 16TH AVENUE
HIALEAH, FL 33012** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
**U00000516396
05/01/06-80002-023 150.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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:

Jose L. Gonzalez President 4/11/06 305-821-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #