

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90380 001 ***150.00

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1. Entity Name
PROFIT VENTURES, INC.



Principal Place of Business
2333 BRICKELL AVE UNIT 2409
MIAMI, FL 33129

Mailing Address
2333 BRICKELL AVE UNIT 2409
MIAMI, FL 33129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
203092273 Applied For
Not Applicable

Zip

Country

Zip

Country

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

QURQUEJO, RAFAEL
2333 BRICKELL AVE UNIT 2409
MIAMI, FL 33129

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 P
NAME ALVAS, VINCENT ☒ Delete
STREET ADDRESS 1098 HUMMINGBIRD DR
CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE P
NAME RENE BARRAHONA ☐ Change ☒ Addition
STREET ADDRESS 2333 Brickell Ave, 2409
CITY-ST-ZIP MIAMI FL 33129

TITLE S
NAME QURQUEJO, RAFAEL ☒ Delete
STREET ADDRESS 2333 BRICKELL AVE UNIT 2409
CITY-ST-ZIP MIAMI, FL 33129

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 3/29/06 3055053346

Date

Daytime Phone #