## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 20, 2008 8:00 am Secretary of State

(301) 89843 BV

DOCUMENT # P05000122732  1. Entity Name VENCALOY CORP					05-20-2008 90005 035 ***150.00					
Principal Place of Business Mailing Address			• • • • •		-					
17610 SW 107TH AVE 17610 SW 107TH AVE										
102 Miami, FL 33	3157	102 Miami, FL 33157								
2. Principal PI	lace of Business - No P.O. Box #	3. Mailing Address /038ナチル /86シー								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04	04282008 Chg-P CR2E034 (12/06)					
City & State	ት ም	City & State M! AL		I .	4. FEI Number         Applied For           20-3488179         Not Applicable					
Zip Country 33/V-)		Zip 33~7 Country		5. (	5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
CARRERA, CARLOS E				Name						
17610 SW 102	Street Addr	Street Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL 33157										
				City FL Zip Code						
8. The above named entity submits this statement or 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 reinstating)  DATE										
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.										
10.	OFFICERS AND		11.	AC	DDITIONS/CH	IANGES TO OFF	ICERS AND DIREC	TORS IN	N 11	
TITLE	P CARREDA CARLOS E	☐ Delete	TITLE NAME				☐ Ch	ange [	☐ Addition	
NAME STREET ADDRESS	CARRERA, CARLOS E 17 <del>610 SW 107TH AVE</del> #102	STREET ADDRESS								
CITY-ST-ZIP TITLE	M <del>IAMI, FL 331</del> 57	□ Delete	CITY-ST-ZIP TITLE				□ Ch	I	Addition	
NAME	PEREZ, ALOMAY		NAME					anyo L		
STREET ADDRESS		23013 SW 1120								
CITY-ST-ZIP	M <del>IAMI, FL 3315</del> 7	MW K 33130	CITY-ST-ZIP						C addition	
TITLE NAME		☐ Delete	TITLE NAME				☐ Ch	.ange L	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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NAME STREET ADDRESS			NAME STREET ADDRESS						ļ	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Ch	ange [	Addition	
NAME OXOCCO ADDOCCO			NAME CTREET ARROAGE							
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			• •	☐ Ch	nange (	Addition	
NAME			NAME				_	•		
STREET ADDRESS			STREET ADDRESS							
CiTY-ST-ZIP	partify that the information appoint with	this filing does not qualify for	CITY-ST-ZIP	tained in C	hanter 110 E	Florida Statutac 1	further certify the	t the info	rmatics	
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 optrusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										

SIGNATURE AND FIFEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR