


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 006 ***150.00

DOCUMENT # P06000121259	
1. Entity Name VENCO GROUP INC.	

Principal Place of Business 1144 EPSON OAKS WAY ORLANDO, FL 32837	Mailing Address 1144 EPSON OAKS WAY ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box # 2317 MAYER STREET	3. Mailing Address 2317 MAYER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando Florida	City & State Orlando Florida
Zip 32806	Country Orange



05022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BLANCO, PEDRO 1144 EPSON OAKS WAY ORLANDO, FL 32837	
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4. FEI Number 20-5603238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Marin Oscar	
Street Address (P.O. Box Number is Not Acceptable) 8737 WELLESLEY LAKE DR	
City Orlando	FL Zip Code 32818

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 <i>Marin Oscar</i>	DATE 4/30/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANCO, PEDRO		NAME Luis Martinez	
STREET ADDRESS 1144 EPSON OAKS WAY		STREET ADDRESS 2317 MAYER STREET	
CITY-ST-ZIP ORLANDO, FL 32837		CITY-ST-ZIP ORLANDO FL 32806	
TITLE VP	<input type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRURITA, CARLOS		NAME Carlos Irurita	
STREET ADDRESS 4703 AVACA STREET		STREET ADDRESS 4703 AVACA STREET	
CITY-ST-ZIP ORLANDO, FL 32808		CITY-ST-ZIP ORLANDO FL 32808	
TITLE S	<input type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARIN, OSCAR		NAME Oscar Marin	
STREET ADDRESS 8737 WELLESLEY LAKE DR		STREET ADDRESS 8737 WELLESLEY LAKE DR	
CITY-ST-ZIP ORLANDO, FL 32818		CITY-ST-ZIP ORLANDO FL 32818	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, LUIS		NAME	
STREET ADDRESS 2317 MAYER STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32806		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Marin Oscar</i>	DATE 4/30/07	DAYTIME PHONE # 321-239-3350
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #