

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 036 ***150.00

DOCUMENT # P06000121391

1. Entity Name
VENFIL USA CORPORATION



Principal Place of Business
4725 NW 72ND AVENUE
MIAMI, FL 33166

Mailing Address
4725 NW 72ND AVENUE
MIAMI, FL 33166

40019400



2. Principal Place of Business - No P.O. Box #
3625 PEMBROKE ROAD
Suite, Apt. #, etc. A-2

3. Mailing Address
3625 PEMBROKE ROAD
Suite, Apt. #, etc. A-2

01182007 Chg-P CR2E034 (12/06)

City & State
HOLLYWOOD FL.
Zip 33021 Country BROWARD

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HOLLYWOOD FL.
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4. FEI Number
20-5587797
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AYALA, ARNULFO
4725 NW 72ND AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
AYALA, ARNULFO
Street Address (P.O. Box Number is Not Acceptable)
3625 PEMBROKE ROAD
City HOLLYWOOD FL Zip Code 33021

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME PD
STREET ADDRESS AYALA, ARNULFO
CITY- ST- ZIP 4725 NW 72ND AVENUE
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS 3625 PEMBROKE ROAD ☒ Change ☐ Addition
CITY- ST- ZIP HOLLYWOOD FL 33021

TITLE
NAME SD
STREET ADDRESS BRIEVA, MARTHA C
CITY- ST- ZIP 4725 NW 72ND AVENUE
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS 3625 PEMBROKE ROAD ☒ Change ☐ Addition
CITY- ST- ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/07

Date

Daytime Phone #