FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000062515

1. Entity Name
VENUTOS, INC.

Principal Place of Business	Mailing Address
1730 N FEDERAL HIGHWAY BOYTON BEACH, FL 33435	1730 N FEDERAL HIGHWAY BOYTON BEACH FL 33435

02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0602168
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agrees to accept service of process)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000154515
05/04/04-80170-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PERRON, MARC
STREET ADDRESS	1730 N. FEDERAL HWY.
CITY-ST-ZIP	BOYTON BEACH, FL 33435
TITLE	DS
NAME	HOWE, JON
STREET ADDRESS	1730 N. FEDERAL HWY.
CITY-ST-ZIP	BOYTON BEACH, FL 33435
TITLE	DT
NAME	GAUDREE, JEAN P
STREET ADDRESS	1730 N. FEDERAL HWY.
CITY-ST-ZIP	BOYTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 — Date — Daytime Phone #