


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000055533

1. Entity Name
R-VENTURE, CORP.



Principal Place of Business Mailing Address
6350 N.E. 4TH AVE **6350 N.E. 4TH AVE**
MIAMI FL 33138 **MIAMI FL 33138**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6350 N.E. 4 Ave **6350 N.E. 4 Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 - - - - - -

1st MOORE CR2E034 (10/07)

City & State City & State
Miami Florida **Miami Florida**

4. FEI Number Applied For
65-0679874 Not Applicable

Zip Country Zip Country
33138 **Miami Dade** **33138** **Miami Dade.**

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

6. Name and Address of Current Registered Agent
REBOZO, ROBERT
6350 N.E. 4TH AVE
MIAMI FL 33138

7. Name and Address of New Registered Agent
 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 **Robert Rebozo** **Dan H. Deboyl** **02/01/08**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	REBOZO, ROBERT I	6350 N.E. 4TH AVE	MIAMI FL 33138	<input type="checkbox"/>
DV	REBOZO, ROBERT	6350 N.E. 4TH AVE	MIAMI FL 33138	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Robert Rebozo** **Dan H. Deboyl** **02/01/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Month #