

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 022 ***158.75

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1. Entity Name
VENTACC CORPORATION

Principal Place of Business
**2445 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address
**770 HAWTHORN TER
WESTON, FL 33327**

50038279



2. Principal Place of Business
4290 East Seneca Avenue

3. Mailing Address
4290 East Seneca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State
Weston, fl 33332

City & State
Weston, Fl 33332

4. FEI Number
65-0804213

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**ADDRESS, THORSTEN
770 HAWTHORN TERRACE
WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4290 East Seneca Avenue
City
Weston FL Zip Code
33332

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: TH. ADDRESS 4/13/05
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME ~~ADDRESS, THORSTEN~~ ☒ Delete
STREET ADDRESS ~~770 HAWTHORN TERRACE~~
CITY - ST - ZIP ~~WESTON, FL 33327~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Change ☐ Addition
NAME Address, Thorsten
STREET ADDRESS 4290 East Seneca Avenue
CITY - ST - ZIP Weston, Fl 33332

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

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 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: TH. ADDRESS 4/13/05 954.659.2306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #