


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000049783 1. Entity Name VENCO ENTERPRISES, INC.	
---	---

Principal Place of Business 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617	Mailing Address 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
--	--

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3518080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VENEGAS, HECTOR M 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENEGAS, HECTOR M 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VENEGAS, HANS V 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VENEGAS, HAROLD 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, MARIA E 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENEGAS, MARICELLA 11805 SKYLAKE PLACE TEMPLE TERR., FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000800491
01/31/08-80019-016 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Maria Esther Colon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

Daytime Phone #