


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000086362</b>	
1. Entity Name <b>E-VENTURE CAPITAL MANAGEMENT INC.</b>	

Principal Place of Business <b>555 PLEASANTVILLE RD SB#150 BRIARCLIFF MANOR NY 10510 US</b>	Mailing Address <b>555 PLEASANTVILLE RD. SB#150 BRIARCLIFF MANOR NY 10510 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>13-4026976</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GALLUCCIO, VINCENT 3308 SABAL COVE LANE LONGBOAT KEY FL 34228</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLUCCIO, VINCENT 555 PLEASANTVILLE RD, SB#150 BRIARCLIFF MANOR NY 10510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1100000452746 03/14/06 R0012-010 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GINSBERG, DANIEL 555 PLEASANTVILLE RD, SB#150 BRIARCLIFF MANOR NY 10510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel J. Ginsberg, Treas* 2/25/06

Date

Daytime Phone #