

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90192 022 \*\*\*150.00

**DOCUMENT # S69736**

1. Entity Name

VEN-AMERICA TRADERS, INC.



Principal Place of Business

832 CORAL WAY  
CORAL GABLES FL 33134-4823

Mailing Address

12515 N KENDALL DR  
SUITE 328  
MIAMI FL 33186



2. Principal Place of Business - No P.O. Box #

14261 SW 120<sup>th</sup> Street  
Suite # 113  
Miami, FL 33186

3. Mailing Address

14261 SW 120<sup>th</sup> Street  
Suite # 113  
Miami, FL 33186

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0281605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, MARIA PRATS  
1570 MADRUGA AVE., STE 214  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name JORGE FERNANDEZ  
Street Address (P.O. Box) \_\_\_\_\_  
14261 SW 120 ST, STE 113  
Miami, FL 33186

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 renouncing)

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME FERNANDEZ, JORGE LUIS  
STREET ADDRESS 832 CORAL WAY  
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☐ Delete  
NAME ALVAREZ, LUIS FERNANDEZ  
STREET ADDRESS 832 CORAL WAY  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ Delete  
NAME FERNANDEZ, JOSE LUIS  
STREET ADDRESS 832 CORAL WAY  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 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

Date

Daytime Phone #