

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083325

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: THE VENTURE E629 INC.

## Current Principal Place of Business:

18555 NE 14 AV  
503  
NORTH MIAMI, FL 33179

## New Principal Place of Business:

18800 NE 29AV  
629  
MIAMI, FL 33180

## Current Mailing Address:

18555 NE 14 AV  
503  
NORTH MIAMI, FL 33179

## New Mailing Address:

18800 NE 29 AV  
629  
MIAMI, FL 33180

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GITTLESON, SHELDON  
1100 N.E 163RD STREET  
401  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARAZI, MARCOS  
Address: GOROSTIAGA 1749  
City-St-Zip: BUENOS AIRES, CA 1426 AR

Title: VP ( ) Delete  
Name: ARAZI, BETTINA  
Address: 18555 NE 14 AV  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: MENA, HECTOR  
Address: 18555 NE 14 AV # 503  
City-St-Zip: NORTH MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS ARAZI

D

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date