


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90003 013 \*\*\*550.00

**DOCUMENT # P03000051535**

1. Entity Name  
**E2G VENTURES, INC.**



Principal Place of Business  
**906 NORMANDIE DR.  
 MIAMI, FL 33141**

Mailing Address  
**906 NORMANDIE DR.  
 MIAMI, FL 33141**

**54073239**



2. Principal Place of Business  
**960 NORMANDIE DR**

3. Mailing Address  
**960 NORMANDIE DR**

Suite, Apt. #, etc.

08242004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

Zip Country  
**33141**

Zip Country  
**33141**

4. FEI Number  
**20-0690651**

Applied For:  
 Not Applicable

6. Name and Address of Current Registered Agent

**ARGIRO, FERNANDO  
 9291 EAST BAY HARBOR DRIVE  
 APT. 5A  
 MIAMI, FL 33154**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SWEET, ELENA</b>
STREET ADDRESS	<b>9291 EAST BAY HARBOR DRIVE, APT 5A</b>
CITY-ST-ZIP	<b>MIAMI, FL 33154</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *F. Argiro* **9-8-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #