


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90147 025 \*\*\*150.00

**DOCUMENT # P04000108425**

1. Entity Name  
**VENTURA PRODUCTS INC.**



Principal Place of Business  
**165 FRANK ST.  
 NEW BEDFORD, MA 02740**

Mailing Address  
**165 FRANK ST.  
 NEW BEDFORD, MA 02740**

2. Principal Place of Business  
**165 FRANK ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME.**  
 Suite, Apt. #, etc.

City & State  
**NEW BEDFORD, MA**

City & State  
 \_\_\_\_\_

Zip  
**02740**

Country  
**BRISTOL**



04042005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1798566**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORREIA, HENRY  
 6410 RIVER LAND DR.  
 FORT PIERCE, FL 34982**

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 changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/D	NAME CORREIA, HENRY	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 165 FRANK ST.	CITY-STATE-ZIP NEW BEDFORD, MA 02740		STREET ADDRESS	CITY-STATE-ZIP	
TITLE VP/T	NAME CORREIA, HENRY	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 165 FRANK ST.	CITY-STATE-ZIP NEW BEDFORD, MA 02740		STREET ADDRESS	CITY-STATE-ZIP	
TITLE S	NAME CORREIA, HENRY	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 165 FRANK ST.	CITY-STATE-ZIP NEW BEDFORD, MA 02740		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Henry S. Correia 4/17/05 508994-2852

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