

07-26-2004 90011013****61.21
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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 722107

1. Entity Name
VENICE ISLE INC.



Principal Place of Business
3536 N.E. 168 ST
NORTH MIAMI BEACH, FL 33160

Mailing Address
3536 N.E. 168 ST
NORTH MIAMI BEACH, FL-33160 US

44049988



2. Principal Place of Business		3. Mailing Address		07082004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1476675	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOPEZ WILLIAM 3536 NE 168 ST #507 # 403 N MIAMI BEACH, FL 33160				Name LAURA LANZA			
<i>Saura Sanza</i>				Street Address (P.O. Box Number is Not Acceptable) 3536 NE 168 ST # 403			
				City N. MIAMI BEACH, FL			
				Zip Code 33160			

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: *Saura Sanza* PRESIDENT. 7-19-04
DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, WILLIAM 3536 NE 168TH STREET #507 N. MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAURA LANZA 3536 NE 168 ST # 403 N. MIAMI BEACH - FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUBARO, SAMMY 3536 NE 168TH ST. # 307 NORTH MIAMI BCH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT HUXLEY 3536 NE 168 ST #309 N. MIAMI BEACH - FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCARDLE, PETER 3536 NE 168TH ST. # 501 NORTH MIAMI BSH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GLADYS DE LA CRUZ 3536 NE 168 ST. # 404 N. MIAMI BEACH - FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACESKI, HUGUETTE 3536 NE 168TH ST # 303 NO MIAMI BCH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EBEL A. OAMM ST. 209 N MIAMI BEACH - FL. 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCARDLE, PETER 3536 NE 168TH ST # 501 NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ISAAC SILVA 1351 MIAMI GARDENS DR # 706 E N. MIAMI BEACH - FL. 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHEL, CHRIS 3536 NE 168TH ST # 301 NORHT MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SVETOSLAV VELTCHEN 2420 NE 209 TER MIAMI - FL. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: *Saura Sanza* 7/15/04 305-940-0351
DATE DAYTIME PHONE #