


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90039 034 \*\*\*\*61.25

<b>DOCUMENT # 722107</b>			
1. Entity Name <b>VENICE ISLE INC.</b>			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANZA, LAURA 3536 NE 168 ST #403 N MIAMI BEACH, FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LANZA, LAURA 3536 NE 168TH STREET #403 N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec'y Lanza, Laura 3536 NE 168 St. #403 N. Miami Bch, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUXLEY, ROBERT 3536 NE 168TH ST. # 309 NORTH MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Huxley, Robert 3536 NE 168 St. #309 No Miami Bch, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE LA CRUZ, GLADYS 3536 NE 168TH ST. # 404 NORTH MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GLADYS DE LA CRUZ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OAMI, ELI A 3536 N.E. 168 ST., #209 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Oami, Alon 3536 N.E 168 St. #209 No Miami Bch, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VECTCHEN, SUETOSLAV 2420 NE 209 TERR MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Huxley, Effie 3536 N.E 168 St #309 No MIAMI Bch, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, ISAAC 1351 MIAMI GARDENS DR., #706E NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(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 617, 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: <i>Gladys De La Cruz</i>		Date: <i>3/4/05</i> (784) 388-0257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1476675 Applied For Not Applicable

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