


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90073 014 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1476675	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, DAVID B 3527 NE 168 ST, # 404 N MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name <u>William Lopez</u> Street Address (P.O. Box Number is Not Acceptable) <u>3536 NE 168 ST # 507</u> City <u>N. Miami Beach</u> FL Zip Code <u>33160</u>		
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 <u>William Lopez</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/18/08</u>	
Filing Fee is \$81.25 Due by May 1, 2008		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	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANZA, LAURA		NAME	Svet Veltchev	
STREET ADDRESS	3536 NE 168TH STREET #403		STREET ADDRESS	3536 NE 168 ST # 205	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180		CITY-ST-ZIP	N.M.B. FL. 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, WILLIAM		NAME	Peter McArdle	
STREET ADDRESS	3536 NE 168 ST #507		STREET ADDRESS	3536 NE 168 ST # 501	
CITY-ST-ZIP	NORTH MIAMI BCH, FL 33160		CITY-ST-ZIP	N.M.B. FL. 33160	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, ISACC		NAME	Laura Lanza	
STREET ADDRESS	1351 MIAMI GARDENS DR, # 706E		STREET ADDRESS	3536 NE 168 ST # 403	
CITY-ST-ZIP	NORTH MIAMI BCH, FL 33179		CITY-ST-ZIP	N.M.B. FL. 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPREZ, SVETOSAAV		NAME	Isaac Silva	
STREET ADDRESS	3536 NE 168 ST #305		STREET ADDRESS	1351 Miami Gardens Dr # 706 E	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	North Miami Beach, FL. 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERMAMDEZ, OMAR		NAME	ALON OAMI	
STREET ADDRESS	3536 NE 168 ST #306		STREET ADDRESS	3536 NE 168 ST # 209	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	N.M.B. FL. 33160	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, ENIDIO		NAME	Robert Huxley	
STREET ADDRESS	3536 NE 168 ST # 304		STREET ADDRESS	3536 NE 168 # 309	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	N.M.B. FL. 33160	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William Lopez</u>		Date: <u>2/18/08</u>		Daytime Phone #: <u>305 949 1108</u>	