

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M44424**

1. Entity Name  
**VENMARK OF FLORIDA, INC.**



Principal Place of Business  
**C/O JAMES A. MOLANS  
5901 S.W. 74TH STREET, #400  
SOUTH MIAMI, FL 33143**

Mailing Address  
**C/O JAMES A. MOLANS  
5901 S.W. 74TH STREET, #400  
SOUTH MIAMI, FL 33143**



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2826161</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**MOLANS, JAMES A.  
5901 SW 74TH ST  
#400  
S MIAMI, FL 33143**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | BLECHINGBERG, YOLANDA |
| STREET ADDRESS | 5901 SW 74TH ST       |
| CITY-ST-ZIP    | S MIAMI, FL 33143     |

|                |                      |
|----------------|----------------------|
| TITLE          | VTD                  |
| NAME           | BLECHINGBERG, THOMAS |
| STREET ADDRESS | 5901 SW 74TH ST      |
| CITY-ST-ZIP    | S MIAMI, FL 33143    |

|                |                         |
|----------------|-------------------------|
| TITLE          | SD                      |
| NAME           | BLECHINGBERG, WILLIAM D |
| STREET ADDRESS | 5901 SW 74TH ST         |
| CITY-ST-ZIP    | S MIAMI, FL 33143       |

|                |                   |
|----------------|-------------------|
| TITLE          | AS                |
| NAME           | MOLANS, JAMES A.  |
| STREET ADDRESS | 5901 SW 74TH ST   |
| CITY-ST-ZIP    | S MIAMI, FL 33143 |

|                |                    |
|----------------|--------------------|
| TITLE          | VD                 |
| NAME           | SICHEL, VIVIAN     |
| STREET ADDRESS | 14719 CLARENDON DR |
| CITY-ST-ZIP    | TAMPA, FL 33624    |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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04/11/07-80075-008 150.00

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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 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: Vivian B. Sichel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07 813-264-7142  
Date Daytime Phone #