


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 027 ***150.00

DOCUMENT # P04000080823

1. Entity Name
VENUS WEAR, INC.



Principal Place of Business
**19905 JODI DRIVE
 LUTZ FL 33558**

Mailing Address
**19905 JODI DRIVE
 LUTZ FL 33558**

50018274



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
24638 State Rd. 54

3. Mailing Address
24638 State Rd. 54

Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State
Lutz, FL

4. FEI Number
16-1699205

Applied For
 Not Applicable

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

Zip Country
33559 USA **33559 USA**

6. Name and Address of Current Registered Agent

**LESNIAK-SMITH, BARBARA
 19905 JODI DRIVE
 LUTZ FL 33558**

7. Name and Address of New Registered Agent

Name **BARBARA-LESNIAK-SMITH**

Street Address (P.O. Box Number is Not Acceptable)
24638 State Road 54

City **Lutz** **FL** Zip Code **33559**

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 *Barbara Lesniak-Smith, CEO* DATE **2-14-05**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	LESNIAK-SMITH, BARBARA	
STREET ADDRESS	19905 JODI DRIVE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, RONALD J	
STREET ADDRESS	19905 JODI DRIVE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Barbara Lesniak-Smith, CEO* Date **2-14-05** Daytime Phone # **(813)949-0016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #