

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90099 029 ***150.00

DOCUMENT # P99000069632
 1. Entity Name
VENEZIA TWIN CENTRE, INC.



Principal Place of Business: 1200 E. VENICE AVE. VENICE, FL 34292
 Mailing Address: 1200 E. VENICE AVE. VENICE, FL 34292

20032822



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0942102** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALENTI, SANTO
1009 DEER RUN
VENICE, FL 34293

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL 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: *Santo Valenti* DATE: **4-11-05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTI, SANTO	
STREET ADDRESS	1009 DEER RUN	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTI, SEBASTIANA	
STREET ADDRESS	1009 DEER RUN	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVASTA, SEBASTIAN	
STREET ADDRESS	1375 MAY FLOWER AVE.	
CITY-ST-ZIP	BRONX, NY 10461	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVASTA, PINA	
STREET ADDRESS	1375 MAY FLOWER AVE.	
CITY-ST-ZIP	BRONX, NY 10461	
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)(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 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: *Santo Valenti* DATE: **4-11-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #