


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000069632**

1. Entity Name  
**VENEZIA TWIN CENTRE, INC.**



Principal Place of Business      Mailing Address

**1200 E. VENICE AVE.**      **1200 E. VENICE AVE.**  
**VENICE, FL 34292**      **VENICE, FL 34292**



03142006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0942102**       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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, SANTO 1009 DEER RUN VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, SEBASTIANA 1009 DEER RUN VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTA, SEBASTIAN 1375 MAY FLOWER AVE. BRONX, NY 10461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTA, PINA 1375 MAY FLOWER AVE. BRONX, NY 10461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000486410  
 04/13/06-80037-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:       Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR