


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

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**

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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 _____ DATE _____

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

FILE NOW!!! FEE IS \$160.00
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	D
NAME	VALENTI, SANTO
STREET ADDRESS	1009 DEER RUN
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	VALENTI, SEBASTIANA
STREET ADDRESS	1009 DEER RUN
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	SAVASTA, SEBASTIAN
STREET ADDRESS	1375 MAY FLOWER AVE.
CITY-ST-ZIP	BRONX, NY 10461
TITLE	D
NAME	SAVASTA, PINA
STREET ADDRESS	1375 MAY FLOWER AVE.
CITY-ST-ZIP	BRONX, NY 10461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04-13-07 08:00:00 02015000

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: *Santo Valenti* **4-10-07 (941) 484 1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #