


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**


04-23-2008 90043 046 \*\*\*150.00

<b>DOCUMENT # V08485</b> 1. Entity Name FLORIDA VENTURE PROPERTIES, INC.	
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Principal Place of Business 100 S. BISCAYNE BLVD., STE. 900 MIAMI, FL 33131 US	Mailing Address 100 S. BISCAYNE BLVD., STE. 900 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**

40070100



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3118377	Applied For 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

HOLLO, JEROME  
100 S. BISCAYNE BLVD., STE. 900  
MIAMI, FL 33131

**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.

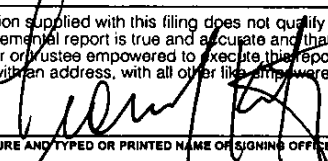
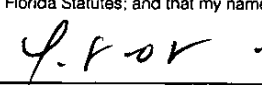
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLLO, TIBOR 100 S. BISCAYNE BLVD. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOLLO, WAYNE 100 S. BISCAYNE BLVD. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOLLO, JEROME 100 S. BISCAYNE BLVD. MIAMI, FL 33131
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**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 information.

**SIGNATURE:**  

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