

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 021 ***150.00

DOCUMENT # P01000067579 1. Entity Name VENEZ LAND, INC.					
Principal Place of Business 17100 COLLINS AVE. #107 MIAMI, FL 33160			Mailing Address 17100 COLLINS AVE. #107 MIAMI, FL 33160		
2. Principal Place of Business 525 N.W. 27th AVE		3. Mailing Address 525 NW 27th AVE.			
Suite, Apt. #, etc. 206-B		Suite, Apt. #, etc. 206-B			
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA			
Zip 33125	Country U.S.A.	Zip 33125	Country UNITED STATES OF		
4. FEI Number 65-1121342				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MERKIN, STEWARD A ESQ 444 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131			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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, DORIS 17100 COLLINS AVE. MIAMI, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BUSTAMANTE, DORIS 525 N.W. 27th AVE Suite 206-B MIAMI - FLORIDA - 33125 USA.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

FROM : FAM FERNANDEZ BUSTAMANTE

Attachment P01000067579
FAX NO. : 0582122855875

Apr. 30 2004 10:53AM P1
p.1

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8. The above named entity certifies 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 <i>[Signature]</i>			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D BUSTAMANTE, DORIS 17100 COLLINS AVE. MIAMI, FL 33160		D BUSTAMANTE, DORIS 525 N.W. 27th Ave Suite 206-B MIAMI - FLORIDA - 33125 USA	
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