


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000055968	
1. Entity Name ICHISAN VENTURES, INC.	

Principal Place of Business 2199 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1013995	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART AGENT SERVICES
2199 PONCE DE LEON BLVD., STE 301
CORAL GABLES, FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS STINSON, LOUIS JR. 2199 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JORDAN, KATHRYN D 2199 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, GRANT L 200 SOUTH BISCAYNE BLVD #4900 MIAMI, FL 331312310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000951578
06/04/08-80041-015 150.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-19-08 Daytime Phone: 305-444-8807