


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90004 010 ***150.00

DOCUMENT # 249673
 1. Entity Name
VENICE ARMS, INC.



Principal Place of Business Mailing Address
1810 VENICE PARK DRIVE **1810 VENICE PARK DRIVE**
NORTH MIAMI FL 33181 **NORTH MIAMI FL 33181**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number **59-0997227** Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
DAMLGREN, LENNART
1810 VENICE PARK DR APT 212
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name **MADELEINE DUMONT**
 Street Address (P.O. Box Number is Not Acceptable)
1820 VENICE PARK DRIVE # 101
NORTH MIAMI, FL 33181
 City **FL** Zip Code **33181**

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 Tommy Molnar DATE _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAHLGREN, LENNART 1810 VENICE PARK DRIVE #212 NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLNAR, TOMMY 1810 VENICE PARK DRIVE #201 NORTH MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUMONT, JP 1820 VENICE PARK DRIVE APT 101 NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAHLGREN, SOLVEIA 1810 VENICE PARK DRIVE #12 NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDENGREN, RALPH 1810 VENICE PARK DR., #109 N. MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SJOHOLM, ANITA 1810 VENICE PARK DRIVE #207 NORTH MIAMI FL 33181 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADELEINE DUMONT 1820 VENICE PARK DRIVE #101 NORTH MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERRE LAROCHELLE 1810 VENICE PARK DRIVE #108 NORTH MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMMY MOLNAR 1820 VENICE PARK DRIVE #201 NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARITA HEDENGREN 1810 VENICE PARK DRIVE #109 NORTH MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH HEDENGREN 1820 VENICE PARK DRIVE #106 NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANITA SJOHOLM 1810 VENICE PARK DRIVE #207 NORTH MIAMI, FL 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maureen Dumont DATE: 2-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #