


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 050 ***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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

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
DUMONT, MADELEINE
1820 VENICE PARK DRIVE #101
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name **LAROCHELLE PIERRE**
 Street Address (P.O. Box Number is Not Acceptable)
1810 VENICE PARK DRIVE # 108
 City **NORTH MIAMI** 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 *Larochelle Pierre*
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
T NAME DUMONT, MADELEINE STREET ADDRESS 1820 VENICE PARK DRIVE #101 CITY-ST-ZIP NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
P NAME MOLNAR, TOMMY STREET ADDRESS 1820 VENICE PARK DRIVE #201 CITY-ST-ZIP NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
P + T NAME LAROCHELLE, PIERRE STREET ADDRESS 1810 VENICE PARK DRIVE #106 CITY-ST-ZIP NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
S NAME HILAD, JERRY STREET ADDRESS 1880 VENICE PK DR, # 103 CITY-ST-ZIP NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
D NAME DALHGREN, LEN STREET ADDRESS 1810 VENICE PK DR, # 212 CITY-ST-ZIP NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D NAME RALF HEDENGREN STREET ADDRESS 1820 VENICE PARK DR # 106 CITY-ST-ZIP NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: TOMMY MOLNAR 26 JAN, 2008 305-335 8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #