

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249673

FILED
Mar 13, 2012
Secretary of State

Entity Name: VENICE ARMS, INC.

Current Principal Place of Business:

1810 VENICE PARK DRIVE
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1810 VENICE PARK DRIVE
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-0997227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, LAROCHELLE
1810 VENICEPARK DRIVE #108
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/T
Name: LAROCHELLE, PIERRE
Address: 1810 VENICE PARK DR #108
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP
Name: MOLNAR, TOMMY
Address: 1820 VENICE PARK DRIVE #201
City-St-Zip: NORTH MIAMI, FL 33181

Title: AT
Name: KOHLER, HERMAN
Address: 1820 VENICE PARK DRIVE #202
City-St-Zip: NORTH MIAMI, FL 33181

Title: S
Name: SJOHOLM, ANITA
Address: 1820 VENICE PK DR, # 207
City-St-Zip: NORTH MIAMI, FL 33181

Title: AS
Name: DALHGREN, LEN
Address: 1810 VENICE PK DR, # 212
City-St-Zip: NORTH MIAMI, FL 33181

Title: D
Name: KEDLAND, INGEMAR
Address: 1820 VENICE PK DR, # 211
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PIERRE LAROCHELLE

_____ Electronic Signature of Signing Officer or Director

PRES

03/13/2012

_____ Date