

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90369 038 \*\*\*150.00

**DOCUMENT # 256640**

1. Entity Name

VENETIAN PARK INC



Principal Place of Business

2151 NE 42 COURT  
LIGHTHOUSE POINT FL 33064

Mailing Address

2626 E COMMERCIAL BLVD  
#4  
FORT LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1030609

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT ASSIST, INC  
2626 E COMMERCIAL BLVD  
#4  
FORT LAUDERDALE FL 33308

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	ZIRAKS, JOYCE	
STREET ADDRESS	2151 NE 42ND CT., #122D	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CAVOTO, JOHN	
STREET ADDRESS	2151 NE 42 COURT #225 D	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREIARTO, CLAIRE	
STREET ADDRESS	2151 NE 42ND CT., #108A	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPADONE, TOM	
STREET ADDRESS	2151 NE 42 CT., #222D	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEDLOCK, CADENA	
STREET ADDRESS	2150 NE 42 STREET, #241F	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANK, EDWARD	
STREET ADDRESS	2161 NE 42ND CT., #111CE	
CITY-ST-ZIP	LIGHTHOUSE FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEEREL, MAUREEN	
STREET ADDRESS	2161 NE 42 CT #208A	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLDON, ALAN	
STREET ADDRESS	2151 NE 42 CT #221D	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMIERI, DOMINIC	
STREET ADDRESS	2161 NE 42 CT #116A	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Claire Preiato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/06 V1028