

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90021 045 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1030609

Applied For

Not Applicable

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME ZIRAKS, JOYCE ☐ Delete
STREET ADDRESS 2151 NE 42ND CT., #122D
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME PORTER, DOUG ☐ Delete
STREET ADDRESS 2151 NE 42 CT #131
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PREIARTO, CLAIRE ☐ Delete
STREET ADDRESS 2151 NE 42ND CT., #108A
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THERREL, MAUREEN ☐ Delete
STREET ADDRESS 2161 NE 42ND CT, # 208 A
CITY-ST-ZIP LIGHTHOUSE PT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME TEDLOCK, CADENA ☐ Delete
STREET ADDRESS 2150 NE 42 STREET, #241F
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LUKEN, DARIUS
STREET ADDRESS 2151 NE 42 CT #202
CITY-ST-ZIP LIGHTHOUSE FL 33064

TITLE D ☐ Change ☒ Addition
NAME SAMBORGNA, CARMEN
STREET ADDRESS 2151 NE 42 CT #140
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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: Cadina A Tedlock Cadena A. Tedlock 27 Apr 08 954-286-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #