

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 006 ***150.00

DOCUMENT # 466325 1. Entity Name THE DELLI VENERI CORPORATION																																											
Principal Place of Business 1040 N.W. 12TH STREET BELLE GLADE, FL 33430		Mailing Address P.O. BOX 467 BELLE GLADE, FL 33430 US																																									
2. Principal Place of Business 1036 Bayberry Loop Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2708 Suite, Apt. #, etc.																																									
City & State Clewiston, FL		City & State Clewiston, FL																																									
Zip 33440		Zip 33440																																									
Country USA		Country USA																																									
4. FEI Number 59-1573844		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent RUNKLES, TERESA 1036 BAYBERRY LOOP, PO BOX 2708 CLEWISTON, FL 33440		7. Name and Address of New Registered Agent 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 <u><i>Teresa Runkles</i></u> DATE <u>6/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD VENERI, JR, AL DELLI 1040 N W 12TH ST BELLE GLADE, FL 33430 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENERI, JR, AL DELLI 1040 N W 12TH ST BELLE GLADE, FL 33430		<input checked="" type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P/D/S Teresa Runkles 1036 Bayberry Loop Clewiston, FL 33440 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S Teresa Runkles 1036 Bayberry Loop Clewiston, FL 33440		<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 Chapter 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: <u><i>Teresa Runkles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6-21-06</u> Phone # <u>(863) 885-2187</u>																																									

*P.A. for the
estate of
Al Dell. Veneri, Jr.*