

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90028 041 \*\*\*150.00

**DOCUMENT # H98622**

1. Entity Name  
**SHORT LINE MODEL COMPANY, INC.**



Principal Place of Business

**C/O 2455 E. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304 US**

Mailing Address

**C/O H. VENIS  
2455 E. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**4360 PETERS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008

Chg-P

CR2E034 (12/06)

City & State

**FT LAUDERDALE, FL**

4. FEI Number

**59-2633287**

Applied For

Not Applicable

Zip

Country

**33312**

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

**VENIS, HARRY C  
2455 EAST SUNRISE BLVD.  
PENTHOUSE NORTH  
FT. LAUDERDALE, FL 33304**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$500.00**

9. Election Campaign Financing  
Total Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WARRICK, PETER  
4360 POTENS RD  
FORT LAUDERDALE, FL 33317**

☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that the information is accurate and complete. I further certify that the information is true and correct to the best of my knowledge and belief, and that the information is accurate and complete. I further certify that the information is true and correct to the best of my knowledge and belief, and that the information is accurate and complete.

**SIGNATURE:**

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Daytime Phone #