


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J99211 1. Entity Name DELU OF VENICE CORPORATION	
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Principal Place of Business % DENNIS DUBYTZ 232 FIESOLE ST VENICE, FL 34285	Mailing Address % DENNIS DUBYTZ 232 FIESOLE ST VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0059595	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

**DUBYTZ, DENNIS
232 FIESOLE ST
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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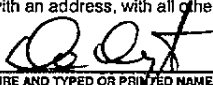
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBYTZ, DONALD 146 SILVER LADY LN NORTH BAY, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBYTZ, LUCIE 146 SILVER LADY LN NORTH BAY, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBYTZ, DENNIS 232 FIESOLE ST VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBYTZ, DEBORAH 232 FIESOLE ST VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/23/04-80117-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DON DUBYTZ** **Feb. 20/04** **705-472-2980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #