2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # L00736 1. Entity Name JEM OF VENICE, INC.



Principal Place of Business

255 THE ESPLANADE

#406

VENICE, FL 34285

Mailing Address

C/O ROBERTO ZACCARDELLI 80 TAMARAC DRIVE GLASTONBURY, CT 06033

FILED Feb 15, 2008 8:00 am **Secretary of State**

02-15-2008 90013 046 ***150.00



DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0129866

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWERY, JERREL E 304 W VENICE AVENUE SUITE 220 VENICE, FL 34285

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	· .					
8. The above the obligat	named entity submits this statement for the p lions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or both, in	the State of Florida. I am familiar with, and	accept
SIGNATURE.	<u>, , , , , , , , , , , , , , , , , , , </u>		3			
	Signature, typed or printed name of registered agent and title i	rapplicable. (NOTE: Registe	red Agent signatur	required when retristating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP#T ZACCARDELLI, ELMO 255 THE ESPLANADE #406 VENICE, FL 34285					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Zaccardell:, Roberto 80 Tumarac Drive Glassonbyry CT 06033					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE	
TITLE NAME STREET ADDRESS	4411 			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZIP TITLE	19-14-16-16-19-16-16-16-16-16-16-16-16-16-16-16-16-16-	· · · · · · · · · · · · · · · · · · ·		18. 00 may 50. A casta F. 8		
NAME STREET ADDRESS CITY-ST-ZIP			12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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.

The feeonalls Elmo Zaccardelli, President, 1-30-08, (941) 484-4245