


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M44424**  
 1. Entity Name  
**VENMARK OF FLORIDA, INC.**



Principal Place of Business  
**C/O JAMES A. MOLANS**  
**5901 S.W. 74TH STREET, #400**  
**SOUTH MIAMI, FL 33143**

Mailing Address  
**C/O JAMES A. MOLANS**  
**5901 S.W. 74TH STREET, #400**  
**SOUTH MIAMI, FL 33143**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2826161**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOLANS, JAMES A.**  
**5901 SW 74TH ST**  
**#400**  
**S MIAMI, FL 33143**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLECHINGBERG, YOLANDA 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BLECHINGBERG, THOMAS 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLECHINGBERG, WILLIAM D 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MOLANS, JAMES A. 5901 SW 74TH ST S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SICHEL, VIVIAN 14719 CLARENDON DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/07/08-80061-014 150.00

**DO NOT WRITE IN THIS SPACE**

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 persons empowered.

SIGNATURE:  DATE: **Jan 23, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year