
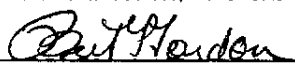


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M79036 1. Entity Name C VENTURE, INC.					
Principal Place of Business % STEPHEN H. CYPEN 825 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140			Mailing Address % STEPHEN H. CYPEN 825 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0045457 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CYPEN, STEPHEN H. 825 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENTENMANN, CHARLES <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	825 ARTHUR GODFREY ROAD		STREET ADDRESS	U00000026576 02/03/04-80013-006 150.00	
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	DVS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENTENMANN, NANCY		NAME		
STREET ADDRESS	825 ARTHUR GODFREY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, BERT		NAME		
STREET ADDRESS	68 MAPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	BAY SHORE NY		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  BERT G. GORDON <div style="float: right;"> 1-23-04 631-666-3025 </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="float: right;"> Date Daytime Phone # </div>					