


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90086 036 ***150.00

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|--|---|--|---|--|--|
| 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 - No P.O. Box # o/o Stephen H. Cypen Suite, Apt. #, etc. 777 Arthur Godfrey Rd, | | 3. Mailing Address o/o Stephen H. Cypen Suite, Apt. #, etc. 777 Arthur Godfrey Rd, | | | |
| City & State Miami Beach, FL | | Suite 320 Suite 320 | | City & State Miami Beach, FL | |
| Zip 33140 | | Country | | Zip 33140 | |
| Country | | 4. FEI Number 65-0045457 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CYPEN, STEPHEN H. 825 ARTHUR GODFREY ROAD 777 Arthur Godfrey Rd, MIAMI BEACH, FL 33140 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DPT ENTENMANN, CHARLES 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT Entenmann, Charles 777 Arthur Godfrey Road, Suite 320 Miami Beach, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS ENTENMANN, CHARLES W 68 MAPLE AVENUE BAY SHORE, NY 11706 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GORDON, BERT 68 MAPLE AVE. BAY SHORE, NY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Edward K. Cline 68 Maple Avenue Bay Shore, NY | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: <u>Bert Gordon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1/23/07 631-666-3025 <small>Date Daytime Phone</small> | | |