
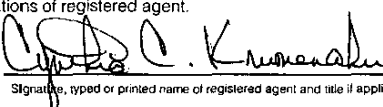
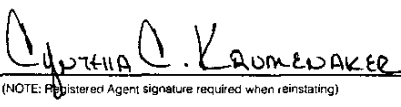
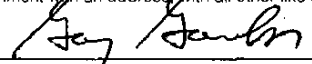
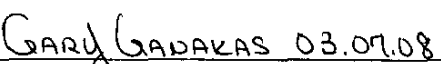


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90078 017 \*\*\*\*61.25

<b>DOCUMENT # N04000002021</b> 1. Entity Name <b>BELEZA ON VENICE BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>811 THE ESPLANADE N VENICE, FL</b>			Mailing Address <b>C/O ANZARES GROUP, INC. 4195 S. TAMiami TL, PMB #173 VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>C/O ANZARES GROUP, Inc.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>4195 S. TAMiami TL, PMB #173</b>			
City & State		City & State <b>VENICE, FL</b>		4. FEI Number <b>20-3422863</b>	
Zip		Zip <b>34293</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANZARES GROUP, INC. 4195 S. TAMiami TL PMB #173 VENICE, FL 34293</b>			7. Name and Address of New Registered Agent Name <b>ANZARES GROUP, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4195 S. TAMiami TL, PMB #173</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34293</b>		
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 		SIGNATURE 		DATE <b>03.07.08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OEHLERTS, RICHARD 811 THE ESPLANADE #703 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLICHIPO, BOB 811 THE ESPLANADE #702 VENICE, FL 34285
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNICK, DIANE 811 THE ESPLANADE #601 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANARAS, GARY 811 THE ESPLANADE # 402 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 617, 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: 		SIGNATURE: 		DATE: <b>03.07.08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND TIME PHONE # <b>941-484-7900</b>	