2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2008 8:00 am
Secretary of State

DOCUMENT # N07000011581 1. Entity Name						08-08-2008 90017 039 ****61.25					
VENISEE	GROUP H	IOME, INC.		100							
Principal Place of Business			Mailing Address								
5281 NW 180 TERR. MIAMI FL 33169			5281 NW 180 TÉRR. MIAMI FL 33169			DONTATIO					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			I GHOZE III	i 6757 serii etini 4659 i	FISH OTHER REF	ri esset ettet inter f	auc o He	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E037 (4/08)							
City & State			City & State		4. FEI Number 65-23 (547	19		oplied For ot Applicable		
Zip	Zip Country		Zip	Zip Country		5. Certificate of S	tatus Desired		\$8.75 Add		
	6. Name	and Address of Curn	ent Registered Agent			7. Name and Add	iress of New Ro	egistered			
\/Th	HOEE IAA	450		Na	irie						
VENISEE, JAMES 5281 NW 180 TERR.				Str	Street Address (P.O. Box Number is Not Acceptable)						
MIA	MI FL 331	169						_			
					ty	FL Zip Code					
	e named entity tions of registe		nt for the purpose of changing its	registered off	fice or register	red agent, or both, in	the State of Flo	rida. I am	tamiliar with,	and accept	
SIGNATURE											
	Stonature Loss of		gunt and the il applicable. (NOTE	· Dan an	A SITTORE NAME TO A STATE OF						
	303304 10070	or primed name or registered a	, more than the second	- Leaf Marks Video		d when renstance)	 	DATE			
1: 1	FILE NOW:	: FEE IS \$61.25 ptember 3, 2008	9. Election Can Tust Fund C	npaign Financ	<u></u>	\$5.00 May Be Added to Fees		ke Chec	k Payable itment of S		
1: 1	FILE NOW: Due By Ser	: FEE IS \$61.25	9. Election Can Tust Fund C	npaign Financ	cing	\$5.00 May Be	Florid	ke Chec la Depai	riment of S	State	
10.	FILE NOW: Due By Sep	FEE IS \$61.25 ptember 3, 2008 OFFICERS AND	9. Election Can Tust Fund C	npaign Financiontribution,	cing	\$5.00 May Be Added to Fees	Florid	ke Chec la Depai	riment of S	State	
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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 cath; 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 all applications with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED ON PROMTED NAME OF SIGNING OFFICER ON ORDICATION

8/5/08_ 305-624-4532