


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90102 026 ***158.75

DOCUMENT # P00000022547		
1. Entity Name FESTIVENTURES, INC.		

Principal Place of Business 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073-3026	Mailing Address 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073-3026
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50028575

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0994127	Applied For Not Applicable
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5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHOOSTER, DANIEL 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073-3026	

7. Name and Address of New Registered Agent	
Name	Valdes-Fauli Corporate Services, Inc.
Street Address (R.O. Box Number is Not Acceptable)	500 E. Broward Blvd., Suite 1400
City	Ft. Lauderdale FL 33394

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: Martin R. Press, Esq., Vice President 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOOSTER, DANIEL 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 330733026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Daniel H. Shooster 2-25-05 (954) 979-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Daniel H. Shooster, President