


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038470		
1. Entity Name OCCASIONS BY VENICHELE, INCORPORATED		
Principal Place of Business 4501 NW 202 ST CAROL CITY, FL 33055 US	Mailing Address 4501 NW 202 ST CAROL CITY, FL 33055 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PEARSON-MCKENZIE, FAITH V 4501 NW 202 ST CAROL CITY, FL 33055		DO NOT WRITE IN THIS SPACE
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> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD PEARSON-MCKENZIE, FAITH 4501 NW 202 STREET CAROL CITY, FL 33055	
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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: <u>Faith V McKenzie</u> - FAITH V PEARSON MCKENZIE 4/30/04 305 502-7415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1103117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/04-80029-001 150.00

**DO NOT WRITE
IN THIS SPACE**