

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90032 049 \*\*\*150.00

**DOCUMENT # P02000078722**

1. Entity Name  
VENETIAN DRIVE REALTY CORP.



Principal Place of Business  
~~818 FOXPOINT CIRCLE~~  
~~DELRAY BEACH, FL 33445~~  
**1045 E. ATLANTIC AVE**  
**DELRAY BEACH, FL 33483**

Mailing Address  
~~818 FOXPOINT CIRCLE~~  
~~DELRAY BEACH, FL 33445~~  
**SAME**

**50007802**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3859359</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BOUERI, RABIH**  
~~818 FOXPOINT CIRCLE~~  
~~DELRAY BEACH, FL 33445~~  
**809 SEAGATE DR.**  
**DELRAY BEACH, FL 33483**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUERI, RABIH</b> <del>818 FOXPOINT CIRCLE</del> <b>809 SEAGATE DR.</b> <del>DELRAY BEACH, FL 33445</del> <b>33483</b>
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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:** RABIH J. BOUERI **1/24/05** **561 278 3880**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #