
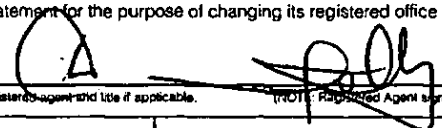
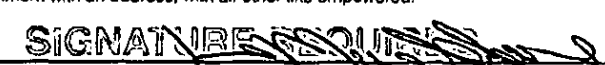


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-02-2003 90197 031 ***150.00

DOCUMENT # P02000105872					
1. Entity Name VENICE POSTAL SERVICES INC.					
Principal Place of Business 1702 RINGLING BLVD. SARASOTA FL 34236			Mailing Address 1702 RINGLING BLVD. SARASOTA FL 34236		
2. Principal Place of Business 5370 CLARK RD		3. Mailing Address 5370 CLARK RD.			
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B			
City & State SARASOTA		City & State SARASOTA		4. FEI Number 13-4220732	
Zip 34233		Country FLORIDA		Applied For Not Applicable	
Zip 34233		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEW WORLD PARTNERSHIPS INC. 1702 RINGLING BLVD. SARASOTA FL 34236			7. Name and Address of New Registered Agent Name NEW WORLD PARTNERSHIPS INC Street Address (P.O. Box Number is Not Acceptable) 5370 CLARK RD, SUITE B City SARASOTA FL Zip Code 34233		
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  DATE 07-25-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDAM, LEONI 1702 RINGLING BLVD. SARASOTA FL 34236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEONI, MADDAMS. 5370 CLARK RD, SUITE B SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

CR2034 (10/02)