## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000124358

Title:

Name:

Address:

City-St-Zip:

PD

ILLEZ, OZKAN

( ) Delete

100 KINGS POINT DR SUITE 1819

SUNNY ISLES BEACH, FL 33160 US

**Entity Name: VENICE CREATIONS COMPANY** 

**FILED** Feb 15, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14 NE 1ST AVENUE **SUITE 1201** MIAMI, FL 33132 **New Mailing Address: Current Mailing Address:** 14 NE 1ST AVENUE **SUITE 1201** MIAMI, FL 33132 FEI Number: 51-0436565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EYMEN, AVTUN 100 KINGS POINT DRIVE **SUITE 1221** SUNNY ISLES BEACH, FL 33160 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition EYMEN, AVTUN Name: Name: 100 KINGS POINT DRIVE, SUITE 1221 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: PD Title: PD Title: () Delete (X) Change ( ) Addition Name: ADIGUZEL. MERAL Name: ADIGUZEL, MERAL 100 KINGS POINT DR. SUITE 1819 4321 SW 160TH AVENUE APT 105 Address: Address: SUNNY ISLES BEACH, FL 33160 US MIRAMAR, FL 33027 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

PD

ILLEZ, OZKAN

(X) Change ( ) Addition

4321 SW 160TH AVENUE APT#105

MIRAMAR, FL 33027 US

SIGNATURE: OZKAN ILLEZ PD 02/15/2006