
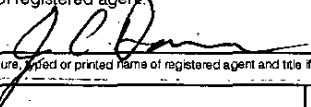



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90024 047 \*\*\*150.00

DOCUMENT # P03000000830			
1. Entity Name VENETIA HOLDINGS, INC.			
Principal Place of Business 1840 SW 22 ST 4 FLOOR MIAMI, FL 33145		Mailing Address 1840 SW 22 ST 4 FLOOR MIAMI, FL 33145	
2. Principal Place of Business 1521 Alton Road Suite, Apt. #, etc. #42		3. Mailing Address 1521 Alton Road Suite, Apt. #, etc. #42	
City & State Miami Beach FL		City & State Miami Beach FL	
Zip 33139		Country USA	
4. FFI Number 20-0069785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: JC D'Orsey Street Address (P.O. Box Number is Not Acceptable): c/o Follans & Associates, LLC 747 4th St, #200 City: Miami Beach FL Zip Code: 33139	
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: 2.29.04	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
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: <del>JA D'Orsey</del> <input type="checkbox"/> Delete	TITLE: Pres. & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME: <del>JA D'Orsey</del>	NAME: JC D'Orsey		
STREET ADDRESS: <del>1521 Alton Road, #42</del>	STREET ADDRESS: 1521 Alton Rd. #42		
CITY-ST-ZIP: <del>Miami Beach, FL 33139</del>	CITY-ST-ZIP: Miami Beach, FL 33139		
TITLE: Pres. & Director <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: JA D'Orsey	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS: 1521 Alton Road, #42	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP: Miami Beach, FL 33139	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: 		DATE: 2.29.04 786 276 9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	