

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
 06-13-2005 90002047 ***150.00
 P64000006529

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P04000006529			
1. Entity Name VENETIAN WALL FINISHES, INC.			
Principal Place of Business 621 LINNET CIRCLE DELRAY BEACH, FL 33444		Mailing Address 621 LINNET CIRCLE DELRAY BEACH, FL 33444	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAUTRON, STEPHANE D 621 LINNET CIRCLE DELRAY BEACH, FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUTRON, STEPHANE D 621 LINNET CIRCLE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Stephane Gautron</i>		Stephane Gautron June 8, 2005 305-926-1094 Date Daytime Phone #	



06082005 Chg-P CR2E034 (10/03)

4. FEI Number 11-5714215 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

(Handwritten mark)