

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051777

Entity Name: VENOM CLOTHING CO., INC.

FILED
Jul 15, 2005
Secretary of State

Current Principal Place of Business:

1665 SW 4TH AVE.
BOCA RATON, FL 33432

New Principal Place of Business:

17709 FIELDBROOK CIRCLE NORTH
BOCA RATON, FL 33496

Current Mailing Address:

1665 SW 4TH AVE.
BOCA RATON, FL 33432

New Mailing Address:

17709 FIELDBROOK CIRCLE NORTH
BOCA RATON, FL 33496

FEI Number: 41-2131535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEALL, DAVID
1665 SW 4TH AVE.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ARONOFF, LARA
17709 FIELDBROOK CIRCLE NORTH
BOCA RATON, FL 33496 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: LARA ARONOFF

07/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEALL, LAUREE
Address: 1665 SW 4TH AVE.
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: BEALL, LAUREE
Address: 3356 NW 53RD CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MRS. () Change (X) Addition
Name: ARONOFF, LARA
Address: 17709 FIELDBROOK CIRCLE NORTH
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LARA ARONOFF

MRS.

07/15/2005

Electronic Signature of Signing Officer or Director

Date