

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90017 016 \*\*\*150.00

**DOCUMENT # P04000075045**

1. Entity Name  
**VENJI POOL SERVICE CORPORATION, INC.**



Principal Place of Business  
**2600 GLADES CIRCLE  
SUITE 400 PMB  
WESTON, FL 33327**

Mailing Address  
**2600 GLADES CIRCLE  
SUITE 400 PMB  
WESTON, FL 33327**

**50019885**



01282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1098309**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALEMAN, JULIO A  
654 WOODGATE LANE  
WESTON, FL 33326**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **DE BIASE, JIMMY**  
STREET ADDRESS **2600 GLADES CIRCLE, STE 400 PMB**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Please be advised  
that address has  
been changed to  
← Changed Address  
New Address:  
15970 W. St. rd. 84.  
P.M.B. 319.  
Weston FL 33326.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/06**

Date

**(754) 214-3580**

Daytime Phone #