

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116092

**FILED**  
**Mar 03, 2006**  
**Secretary of State**

**Entity Name:** H.D. & T.B. VENETIAN PALMS, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
STE. 330  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
STE. 330  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-3338932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORTIZ, LISSETTE  
2121 PONCE DE LEON BLVD.  
STE. 330  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ORTIZ, LISSETTE ESQ.  
2121 PONCE DE LEON BLVD.  
STE. 330  
CORAL GABLES, FL 33134 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:** LISSETTE ORTIZ

03/03/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Change (X) Addition  
**Name:** DE LARA, HUMBERTO  
**Address:** 7521 SW 116 STREET  
**City-St-Zip:** MIAMI, FL 33156 US

**Title:** SD ( ) Change (X) Addition  
**Name:** BURCET, TOM A  
**Address:** 6760 GLENEAGLE DRIVE  
**City-St-Zip:** MIAMI LAKES, FL 33014 US

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.

**SIGNATURE:** LISSETTE ORTIZ

ATTY

03/03/2006

Electronic Signature of Signing Officer or Director

Date