

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116092

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

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1430 S. DIXIE HIGHWAY
STE. 321
CORAL GABLES, FL 33146

Current Mailing Address:

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

New Mailing Address:

1430 S. DIXIE HIGHWAY
STE. 321
CORAL GABLES, FL 33146

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

Name and Address of New Registered Agent:

ORTIZ, LISSETTE ESQ.
1430 S. DIXIE HIGHWAY
STE. 321
CORAL GABLES, FL 33146 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:

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: VP () Delete
Name: ORTIZ, LISSETTE ESQ.
Address: 2121 PONCE DE LEON BLVD, STE 330
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ORTIZ, LISSETTE ESQ.
Address: 1430 S. DIXIE HIGHWAY, STE 321
City-St-Zip: CORAL GABLES, FL 33146 US

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

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date