

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 045 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                                         |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P07000123471</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                        |                                                                                                                                                             |
| 1. Entity Name<br><b>VENEZIA OF JACKSONVILLE, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                         |                                                                                                                                                             |
| Principal Place of Business<br><b>3781 SAN JOSE PLACE SUITE 27<br/>JACKSONVILLE, FL 32257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Mailing Address<br><b>3781 SAN JOSE PLACE SUITE 27<br/>JACKSONVILLE, FL 32257</b>                                                       |                                                                                                                                                             |
| 2. Principal Place of Business - No P.O. Box #<br><b>5105-1 Phillips Hwy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | 3. Mailing Address<br><b>5105-1 Phillips Hwy</b>                                                                                        |                                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                             |
| City & State<br><b>Jacksonville, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | City & State<br><b>Jacksonville, Florida</b>                                                                                            |                                                                                                                                                             |
| Zip<br><b>32207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br><b>USA</b>                                                                                         | Zip<br><b>32207</b>                                                                                                                     | Country<br><b>USA</b>                                                                                                                                       |
| 4. FBI Number<br><b>26-1455974</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | \$8.75 Additional Fee Required                                                                                                          |                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><b>PEEK, DAVID H<br/>501 RIVERSIDE AVE SUITE 601<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                                         |                                                                                                                                                             |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                            |                                                                                                                                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>CEMIN, CESAR A<br>3781 SAN JOSE PLACE SUITE 27<br>JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | D<br>CEMIN, CESAR A.<br>5105-1 Phillips Highway<br>Jacksonville, Florida 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | 01/24/2008                                                                                                                              |                                                                                                                                                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Date                                                                                                                                    |                                                                                                                                                             |