

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000025511</b> 1. Entity Name VENETIA PACKAGE & DELIVERY, CO.		
Principal Place of Business 555 NE 15TH ST, STE 100 MIAMI, FL 33132	Mailing Address 555 NE 15TH ST, STE 100 MIAMI, FL 33132	



01142004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0839229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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6. Name and Address of Current Registered Agent  RITTER, JOHN 555 NE 15TH ST, STE 100 MIAMI, FL 33132	
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 _____ <small>Signature, typed or printed name of registered agent and State if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	000000063958 02/23/04-80182-013 163.75
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10. OFFICERS AND DIRECTORS	
TITLE	PDS
NAME	RITTER, JOHN A
STREET ADDRESS	555 NE 15TH ST, STE 100
CITY- ST- ZIP	MIAMI, FL 33132
TITLE	VDT
NAME	RITTER, CONRAD
STREET ADDRESS	555 NE 15TH ST, STE 100
CITY- ST- ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.		
<b>SIGNATURE:</b> <i>John A. Ritter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOHN A. RITTER	2/18/04 <small>Date</small>	305-372-0933 <small>Daytime Phone #</small>