2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # S16984 1. Entity Name					05-02-2008 90111 010 ***150.00							
VENICE II	NTERCHANGE CORP.					1						
Principal Place	of Business	Mailing Address		l	\exists							
•	MI TRAIL STE 101	333 S TAMIAMI TRAIL S	STE 101 US				s					
A D: -115	No DO Doub	O Mailine Address				·						
•	ace of Business - No P.O. Box #	3. Mailing Address	333 South Tamiami Trail				11818 B2118 18121 18111 B18	i dibu bibu bibb	, Biblif Bublik Blæd	1831 W 1881		
Suite, Apt.	n Tamiami Trail #. etc.	Suite, Apt. #, etc.			\dashv		05 - D	CDOFO	14 (40(00)			
Suite 203	•	Suite 203	Suite 203			04302008	Chg-P	CH2EU	34 (12/06)			
City & State		City & State				4. FEI Number Applied For						
Venice, F		Venice, FL Zip Country				65-0233350 Not Applic						
Zip Country		Zip	itry				\$8.75 Add Fee Required					
34285	6. Name and Address of Current	34285 Registered Agent	Lus	1		7. Name and	Address of New P					
	u. Hans and Address of Culture	Trogistores Agent		Name		1		regional re	9			
MILLER, M												
333 S. TAN VENICE, F	MAMI TRAIL, STE. 101 L 34285					Street Address (P.O. Box Number is Not Acceptable)						
,				333 South Tamiami Trail, Suite 203								
				City Venio	ce			FL	Zip Code 3428	85		
8. The above	named entity submits this statement for	or the purpose of changing its	register			ed agent, or both	n, in the State of Flo	orida. I am fa				
the obligati	ions of registered agent?	11/11	-			-		-11	16	-		
2:04:4TUDE	// 1//	11 X1 _						5///0	18			
SIGNATURE_	Signature, proed of printed name of registered ager	and title if applicable. (NOTE	E: Registere	ed Agent signature re	equired w	when reinstating)		DATE				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		tribution.	. 0		00 May Be ed to Fees		- 2	- : SECTOR			
10.	OFFICERS AND		11.			ADDITIONS/0	CHANGES TO OFF	ICERS AND				
TITLE NAME	DP : Delete III MILLER, MICHAEL W.			AF					Change	☐ Addition		
STREET ADDRESS				FET ADDRESS 3	TADDRESS 333 South Tamiami Trail, Suite 203							
CITY-ST-ZIP	VENICE, FL 34285			Y-ST-ZIP	Venice	e, FL 34285						
TITLE	VSD	☐ Delete	1111	E						Addition		
NAME	PARRISH, JAYNE E			VE 3	333 South Tamiami Trail, Suite 203							
STREET ADDRESS				ET ADDRESS Venice, FL 34285			Hall, Guild 200					
CITY-ST-ZIP	VENICE, FL 34285		CITY	Y-ST-ZIP	V 01	,, , L O ,						
TITLE	VPD	☐ Delete	TITL	E					XI Change	Addition		
NAME	MILLER, T D			Æ 3	333 South Tamiami Trail, Suite 203							
STREET ADDRESS	333 S TAMIAMI TRAIL STE 101			EET ADDRESS	Venice	e, FL 34285						
CITY-ST-ZIP	VENICE, FL 34285			Y-ST-ZIP								
THILE		☐ Delete	TITL	1					☐ Change	☐ Addition		
NAME STREET ADDRESS			1	EET ADDRESS								
CITY-ST-ZIP	-			Y-ST-ZIP								
TITLE		□ Delete	TITL						☐ Change	Addition		
NAME			NAM	I								
STREET ADDRESS			STRI	REET ADDRESS								
CITY-ST-ZIP			CITY	Y-ST-ZIP								
TITLE		☐ Delete	TITL	Æ					Change	☐ Addition		
NAME .			NAM	- 1								
STREET ADDRESS				REET ADDRESS								
CITY-ST-ZIP				Y-ST-ZIP								
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the ex	cemptions conta	tained	in Chapter 119	, Florida Statutes.	I further certi	ify that the in	nformation		
of the co	certify that the information supplied will on this report or supplemental report poration or the receiver or Ituatee end, or on an attachment with an address	powered to execute this report	t as requ	ired by Chapte	er 607,	Florida Statute	s; and that my nan	ne appears in	Block 10 o	r Block 11 if		
changed	, or on an attachment with an address	with all other like emplowered		_		<i></i> 1 .	16	Colle	1/11 1/	1		
SIGNAT	IIRE· // /		4			5/1/6	28	9414	77 16	<i></i>		
UIGITAI	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	D	aytime Phone #			