

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F01000000285</b> 1. Entity Name <b>VENEZOLANO DE CREDITO S.A., BANCO UNIVERSAL</b>						<b>FILED</b> <b>06 FEB 17 PM 2:36</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>CALLE ALAMEDA, CENTRO EMPRESARIAL DE CARACAS TORRE VENEZOLANO DE CREDITO CARACAS VENEZUELA, VZ 1011</b>				Mailing Address <b>1111 BRICKELL AVENUE SUITE 1575 MIAMI, FL 33131 US</b>			
2. Principal Place of Business		3. Mailing Address		 01062006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>52-2327720</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATE INTERNATIONAL REG. AGENTS, INC. 200 S. BAYNE BLVD. #4100 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road, Suite 580</b> <b>Coral Gables</b> City <b>FL 33134</b>			
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 title if applicable.</small>				DATE <b>1/24/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>MENDOZA, OSCAR G</b> <b>CALLE ALAMEDA CENTRO EMPRESARIAL</b> <b>CARACAS VENEZUELA, VZ 1011</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100067187111</b> <b>03/07/06--01006--005 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VELUTINI, JOSE MANUEL</b> <b>CALLE ALAMEDA CENTRO EMPRESARIAL</b> <b>CARACAS VENEZUELA, VZ 1011</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOVERA, JOSE RAFAEL</b> <b>CALLE ALAMEDA CENTRO EMPRESARIAL</b> <b>CARACAS VENEZUELA, VZ 1011</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTINEZ, ANA ISABEL</b> <b>CALLE ALAMEDA CENTRO EMPRESARIAL</b> <b>CARACAS VENEZUELA, VZ 1011</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MORALES, PABLO</b> <b>CALLE ALAMEDA CENTRO EMPRESARIAL</b> <b>CARACAS VENEZUELA, VZ 1011</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MPO</b> <b>RODRIGUEZ, FERMIN</b> <b>1111 BRICKELL AVE #1575</b> <b>MIAMI, FL 33131</b>			TITLE NAME STREET ADDRESS 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>01/31/2006</b> DAYTIME PHONE # <b>305 574-2363</b>			