

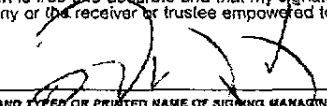


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000056177</b>			
1. Entity Name <b>VENAM TRADING, LLC</b>			
Principal Place of Business <b>3802 CURTIS PARKWAY (NW 57 AVE.) VIRGINIA GARDENS, FL 33166</b>		Mailing Address <b>3802 CURTIS PARKWAY (NW 57 AVE.) VIRGINIA GARDENS, FL 33166</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03132006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>20-1495149</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GBS CONSULTANTS 1290 WESTON RD., SUITE 306 WESTON, FL 33326</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>11000001478448 04/08/06-800006-008 \$0.00</b>	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCHI, ALEJANDO C 3802 CURTIS PARKWAY (NW 57 AVE.) VIRGINIA GARDENS, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE MARCHI, ERICA B 3802 CURTIS PARKWAY (NW 57 AVE.) VIRGINIA GARDENS, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEZQUIDA, FERNANDO J 3610 NW SIMMS ST, UNIT A HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		<b>MGR-MBR</b> 3/21/06 <b>(305) 871-7770</b> Date Daytime Phone #	

**FERNANDO MEZQUIDA**