2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000087436

1. Entity Name
VENES HOLDINGS, LLC

Principal Place of Business	Mailing Address
1401 BRICKELL AVE. SUITE 330 MIAMI, FL 33131	1401 BRICKELL AVE. SUITE 330 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
11-3735297	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ALEX
354 SEVILLA AVE
CORAL GABLES, FL 33134

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JIMENEZ, ALEX
STREET ADDRESS	1401 BRICKELL AVE. SUITE 330
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	LAPLANA, LUIS G
STREET ADDRESS	1401 BRICKELL AVE. SUITE 330
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743572
05/15/07-80113-024 50.00

DO NOT WRITE
IN THIS SPACE

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___x___ *Alex Jimenez*   4/27/07   305-416-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #