


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/6/2007-90037-045-\$50.00-\$50.00

DOCUMENT # L06000118578	
1. Entity Name VENUSA BUSINESS SERVICES, LLC	

SEC 3300
DIVISION
07 OCT 16 PM 3:44

Principal Place of Business 1245 MAJESTY TERRACE WESTON, FL 33327	Mailing Address 1245 MAJESTY TERRACE WESTON, FL 33327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 318 INDIAN TRACE #127
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State WESTON FLORIDA
Zip	Country USA



09042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DUTY, GERALD GABLES INTERNATIONAL PLAZA 2655 LE JEUNE ROAD, SUITE 804 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering) DATE _____

Filing Fee is \$60.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZARRA, NORIS 236 NW 8 AVENUE MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORIS IZARRA 318 INDIAN TRACE #127 WESTON, FLORIDA 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEGO RUKOZ 318 INDIAN TRACE #127 WESTON FLORIDA 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Noris Izarra* 09/04/2007. 9546591743.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #