

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020365

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: VENE-AMERICAN ENGINEERING, LLC.

## Current Principal Place of Business:

2800 GLADES CIR  
STE 116  
WESTON, FL 33327

## New Principal Place of Business:

1163 GOLDEN CANE DR  
WESTON, FL 33327

## Current Mailing Address:

2800 GLADES CIR  
STE 116  
WESTON, FL 33327

## New Mailing Address:

1163 GOLDEN CANE DR  
WESTON, FL 33327

FEI Number: 20-8497811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC.  
18501 PINE BLVD STE 201  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

RIOS, ELIZABETH I MEMBER  
1163 GOLDEN CANE DR  
WESTON, FL 33327 US

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.

SIGNATURE: ELIZABETH RIOS

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RIOS, JOSE  
Address: 1163 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete  
Name: RIOS, ELIZABETH  
Address: 1163 GOLDEN CANE DR  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH RIOS

MEMB

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date