

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044455

FILED
Jan 07, 2009
Secretary of State

Entity Name: VENEACREDIT SECURITIES, INC.

Current Principal Place of Business:

1111 BRICKELL AVENUE
SUITE 1575
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE
SUITE 1575
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-1114055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, ALFONSO
5546 NW 101 CT.
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA-VELUTINI, GERMAN A
Address: AV ALAMEDA EDF VENEZOLANO DE CREDITO
City-St-Zip: URB SAN BERNARDINO CARACAS, OC 00000 OC

Title: D () Delete
Name: VON SPECHT, RALPH
Address: 601 BRICKELL KEY DR STE 600
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: GIMON, RICARDO
Address: AALAMEDA EDF VENEZOLANO DE CREDITO
City-St-Zip: URB SAN BERNARDINO CARACAS, OC 00000 OC

Title: D () Delete
Name: OSORIO, ALFONSO
Address: 1111 BRICKEL AVE STE 1580
City-St-Zip: MIAMI, FL 33131 US

Title: PSCE () Delete
Name: OSORIO, ALFONSO
Address: 1111 BRICKELL AVE. SUITE 1580
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: OSORIO, ALFONSO
Address: 1111 BRICKEL AVE STE 1575
City-St-Zip: MIAMI, FL 33131 US

Title: PSCE (X) Change () Addition
Name: OSORIO, ALFONSO
Address: 1111 BRICKELL AVE. SUITE 1575
City-St-Zip: MIAMI, FL 33131 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO OSORIO

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date