2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# P02000003595

Entity Name: VENALI, INC.

Current Principal Place of Business:

ONE ALHAMBRA PLAZA STE 800
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

ONE ALHAMBRA PLAZA STE 800
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-0029617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'KEEFE, DOUGLAS
ONE ALHAMBRA PLAZA STE 800
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: DO ( ) Delete
Name: EL-GAZZAR, AMIN
Address: ONE ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VS ( ) Delete
Name: OKEEFE, DOUGLAS L
Address: ONE ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DP ( ) Delete
Name: HINDERER, UWE
Address: ONE ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DCEO ( ) Delete
Name: GIORDANO, PASQUALE
Address: ONE ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EL-GAZZAR, AMIN
Address: ONE ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134 US

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 ( ) Change (X) Addition
Name: RASENBERGER, PETER E
Address: AVENUE DE GRATTA PAILLE 6
City-St-Zip: LAUSANNE, CH 1018 CH

Title: D ( ) Change (X) Addition
Name: TOSCHEK, MARK
Address: LINIENSTRASSE 165
City-St-Zip: BERLIN, DE 10115 DE

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS O'KEEFE VS 06/05/2006

Electronic Signature of Signing Officer or Director — Date