FILED
Jun 11, 2004 8:00 am
Secretary of State

05-03-2004 90394 044 ***155.00

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MOORE CR2E034 (11/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000037347

1. Entity Name

VENUSA ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
1855 W 60 ST SUITE 345 HIALEAH FL 33012	1855 W 60 ST SUITE 345 HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
776 NW 103RD STREET	776 NW 103RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33150 Country: USA	Zip: 33150 Country: USA

4. FEI Number 02-0724182 [X] Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDOZA H., EDUARD R
1855 W 60 ST SUITE 345
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

NO SELL

9. Election Campaign Financing Trust Fund Contribution. [X] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT MENDOZA H., EDUARD R 1855 W 60 ST SUITE 345 HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Raiza Sayago 776 N.W. 103rd St. Miami, FL 33150	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS MCADAM, SAMUEL REV 1855 W 60 ST SUITE 345 HIALEAH FL 33012	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EDUARD R MENDOZA H 04/27/2004 305-751-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #