P03000119702

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

REGISTERED AGENT CHANGE

VENEMED CORP.

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11-18-05

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

(2)

1. The name of the corporation: VENEMED CORP.
2. The principal office address: 11350 NW 25TH STREET, SUITE 100, DORAL , FL 33172
3. The mailing address (if different): 11349 NW 72ND TERRACE, DORAL, FL 33178
4. Date of incorporation/qualification: 10/24/2003 Document number: P03000119702
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SUSAN M. GARCIA, P.A.
901 PONCE DE LEON BLVD., SUITE 606
CORAL GABLES, FL 33134

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EDUARDO MERINO
11349 NW 72ND TERRACE
(P.O. Box NOT acceptable)
DORAL, FL 33178

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of the officer or director) EDUARDO MERINO, PRESIDENT
(Printed or Typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent) 11/16/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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