2008 **FOR PROFIT CORPORATION ANNUAL REPORT**

APPROVED AND FILED

08 MAR 10 AM 11:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

8Y 3-11-08

DOCUMENT # P05000110241

1. Entity Name
VENE Auto Sales, Inc

Principal Place of Business | Mailing Address

2. Principal Place of Business
6634 Thoroughbred Loop
Suite, Apt. #, etc.

City & State: Odessa, Fl.
Zip: 33556 Country: US

3. Mailing Address
6634 Thoroughbred Loop
Suite, Apt. #, etc.

City & State: Odessa, Fl
Zip: 33556 Country: US

REINSTATEMENT 07-08

4. FEI Number: 204048199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Rebeca Nuñez
Street Address (P.O. Box Number is Not Acceptable)
6634 Thoroughbred Loop
City: Odessa FL Zip Code: 33556

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: Rebeca Nuñez DATE: 3/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Boxcan, Lisbeth 14438 Congress St orlando, Fl 32826	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Secretary Nunez, Rebeca 6634 Thoroughbred Loop	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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03/19/08--01036--005 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rebeca Nuñez 3/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #