2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P96000016612 1. Entity Name VENUS INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 2751 S OCEAN DR STE 1706 2751 S OCEAN DR STE 1706 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0642724 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UCROS, MARTHA C Street Address (P.O. Box Number is Not Acceptable) 2751 S OCEAN DR #1706 HOLLYWOOD FL 33019 City 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 tale if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD THEF Delete THE Addition UCROS, MARTHA C NAME NAME STREET ADDRESS 2751 S OCEAN DR APT 1706 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CHY-ST-ZIP 150.00THILE STD ☐ Delete THILE Change ☐ Addition TEJADA, JOSE NAME NAME 2751 S OCEAN DR APT 1706 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP DEE ☐ Delete Hite Change ☐ Addition NAME NAME STREET ADDRESS DIRECT ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete ittif Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP ☐ Delete ☐ Change TITLE HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TOTALE ☐ Delete Te71 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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.

**FILED** 

Takeda PENSUEED 4/25/2005 954-922-1905