2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 07, 2006 8:00 am Secretary of State **DOCUMENT # P99000101802** 08-07-2006 90044 040 ***150.00 VENETA SYSTEMS USA, INC. Principal Place of Business Mailing Address 20024561 T9101 SENACA AVE 19101 SENACA AVE WESTON FL 33332 WESTON, FE 33332 2. Principal Place of Business 12401 DRANGE 3. Mailing Address 12401 Suite, Apt. #, etc. 08022006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 65-0963596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECERRA, HENRY 19101 SENACA AVE Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33332 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete IIILE ☐ Addition TITLE BECERRA, HENRY 19101 SENACA AVE BECERRA, HENRY NAME NAME 19101 SENACA AVE STREET ADDRESS STREET ADDRESS WESTON, FL 33332 WESTON, Fl. 33332 CITY-ST-7IP CITY-ST-ZIP TITLE Delete HILE ☐ Change **Addition** RIERA, FLOR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE Change ☐ Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: * Houfunf. HEARY BECERRS V-PRESIDENT 7/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date