

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000005872

FILED  
Sep 28, 2005  
Secretary of State

Entity Name: INNOVENTIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

432 HAMPTON LANE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

432 HAMPTON LANE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 17-4285862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PADIAL, JOSE I PA  
2600 S. DOUGLAS RD. PH6  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

JOSE I PADIAL PA  
2600 S. DOUGLAS RD. PH6  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: JOSE I PADIAL      09/28/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: MERCENARI, CARLOS A  
Address: 432 HAMPTON LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VCVP      ( ) Delete  
Name: MERCENARI, JUAN C  
Address: 432 HAMPTON LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DP      ( ) Delete  
Name: MERCENARI, FERNANDO H  
Address: 432 HAMPTON LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO H MERCENARI      DP      09/28/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date