

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V44506

Entity Name: TECNICARD INC.

FILED
Sep 30, 2009
Secretary of State

Current Principal Place of Business:

3191 CORAL WAY
SUITE 800
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY
SUITE 800
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0362254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRIER, MARIA
HUNTON & WILLIAMS
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BRIELE, AIDA E CPA
BRIELE & ECHEVERRIA, P.A.
220 MIRACLE MILE, STE 203
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: AIDA E. BRIELE

09/30/2009

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: PSD () Delete
Name: BALLADARES, CARLOS
Address: 3191 CORAL WAY, #800
City-St-Zip: MIAMI, FL

Title: EVP () Delete
Name: BALTODANO, MARCIO
Address: 3191 CORAL WAY #800
City-St-Zip: MIAMI, FL

Title: GM () Delete
Name: GALVEZ, OSCAR
Address: 3191 CORAL WAY, # 800
City-St-Zip: MIAMI, FL

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 exemption stated 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 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: CARLOS BALLADARES

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09/30/2009

Electronic Signature of Signing Officer or Director

Date