

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000015889

Entity Name: VENCOFIN, CORP.

FILED  
Oct 21, 2004  
Secretary of State

## Current Principal Place of Business:

16850 COLLINS AVE  
#113C  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

16850 COLLINS AVE  
#113C  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

FEI Number: 65-0982088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINES-CONTE, ELIZABETH C ESQ.  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

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: BRIK, RAUL  
Address: C/O 3301 PONCE DE LEON BLVD. #200  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: BENZAZON, YANNICK  
Address: C/O 3301 PONCE DE LEON BLVD. #200  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAUL BRIK

PSD

10/21/2004

Electronic Signature of Signing Officer or Director

Date