

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000111538

Entity Name: INVERSIONES 6970, CORP.

FILED  
Oct 13, 2006  
Secretary of State

## Current Principal Place of Business:

10100 NW 116 WAY  
SUITE # 14  
MIAMI, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

10100 NW 116 WAY  
SUITE 14  
MIAMI, FL 33178 US

## New Mailing Address:

FEI Number: 62-1450361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIOS, LEOPOLDO  
2800 GLADES CIRCLE  
SUITE: E102  
WESTON, FL 33327 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: RIOS LEOPOLDO

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: PD ( ) Delete  
Name: IBANEZ, XAVIER  
Address: 10100 NW 116 WAY  
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete  
Name: IBANEZ, FRANCISCO  
Address: 10100 NW 116 WAY SUITE # 14  
City-St-Zip: MIAMI, FL 33178

Title: STD ( ) Delete  
Name: LUGO, TRINO  
Address: 10100 NW 116 WAY SUITE 14  
City-St-Zip: MIAMI, FL 33178

## 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 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: XAVIER IBANEZ

PD

10/13/2006

Electronic Signature of Signing Officer or Director

Date