

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026551



1. Entity Name
VENEJAX EXPORT COMPANY, INC

Principal Place of Business
9717 FRASER RD
JACKSONVILLE, FL 32246

Mailing Address
9717 FRASER RD
JACKSONVILLE, FL 32246

2. Principal Place of Business - No P.O. Box #
3711 SW 89 CT.

3. Mailing Address
3711 SW 89 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33165

Country
U.S.A.

Zip
33165

Country
U.S.A.

01152007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3693613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHEZ, JOAQUIN
9717 FRASER RD
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name JOSE MICHAEL DEL COSME
Street Address (P.O. Box Number is Not Acceptable)
3711 SW 89 CT.
City MIAMI FL Zip Code 33165

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BAEZ, JOAQUIN
9717 FRASER RD.
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEL COSME, JOSE MICHAEL
9717 FRASER RD
JACKSONVILLE, FL 32246 ☐ Delete
Address Change Only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
B 1/16/07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
STATEMENT 06-07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3711 SW 89 CT. MIAMI, FL.
33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000086174090
01/25/07--01008--005 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #