

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 16, 2008  
Secretary of State**

DOCUMENT# P01000098023

Entity Name: ADOXEN, CORP.

**Current Principal Place of Business:**

4264 SUSSEX AVE  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4264 SUSSEX AVE  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 65-1143506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARO, JOSE L P  
4264 SUSSEX AVENUE  
LAKE WORTH, FL 33461 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: PERES ESMERALDA

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: P ( ) Delete  
Name: PARO, JOSE L  
Address: 4264 SUSSEX AVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: V ( ) Delete  
Name: PARO, MARILDA P  
Address: 4264 SUSSEX AVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: T ( ) Delete  
Name: PARO, RODRIGO P  
Address: 4264 SUSSEX AVE  
City-St-Zip: LAKE WORTH, FL 334461

**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: JOSE PARO

P

12/16/2008

Electronic Signature of Signing Officer or Director

Date