2005 FOR PROTECTION REINSTATEMENT

DOCUMENT # P01000103128						FILE	- D	
Entity Name ZECA VENTURES, INC.					05	חרד ה	- 0	
223/172					Cir	0CT 20	PM 12: 0	E0
<u> </u>	- <u>-</u> -			Conso	TAL	AHASSEE, I	16.4	28
Principal Place of Business Maifing Address 1492 S MIAMI AVE, STE 203 1492 S MIAMI AVE, STE 203			203		TALL	AHASSEF",	3/14/1	-
MIAMI, FL 3		MIAMI, FL 33130				,1	LURIDA	4
						HI 05(9) HBN 50)06 MA		
2. Principal P	Place of Business	3. Mailing Address	ng Address					
						ME BUTUN NUNN UNIBU MINI		BBI II IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09212005 REIN-P	CR2E09	8 (6/04)	
City & State		City & State		4. FEI Number		App	olied For	
					01-0651611			Applicable
Zip Country		Zip Country			5. Certificate of Status Desir	red 🗆 💲	B.75 Addit	tional
	6. Name and Address of Current	Registered Agent			7. Name and Address of N			
SAIZADDITODIA MINICE EGO				Name				
SAIZARBITORIA, INAKI ESQ			Stre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL			-					
			City			FL	Zip Code	
8. The above	e named entity submits this statement for	or the purpose of changing its r	egistered offic	e or register	red agent, or both, in the State	of Florida. I am far	niliar with, a	and accept
1	45	WHANVI	01/1	ر :		10/10/	105	
SIGNATURE.	Signature, typed or printed name of egistered agent	t and title if sopilipable. (NOTE:	Registered Agen	eignature requir	red when reinstating)	DATE		
		$-\rho$					-	
	E NOW!!! FEE IS \$750.00 nuary 1, 2006, Fee will be \$900.	00	•	•				
10.	OFFICERS AND	Delete	11.		ADDITIONS/CHANGES TO			
NAME	ZELLER, ALFREDO	C Ocieta	NAME			_	_ Change	Addition Addition
STREET ADDRESS			STREET ADDR	ESS	10/56/165)5D31	3916	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP					
TITLE NAME	CALISTO, DIEGO	☐ Detete	TITLE			ι	☐ Change	Addition
STREET ADDRESS			STREET ADDR	ESS				
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP				. ,	
TITLE NAME		☐ Delete	TITLE NAME			ľ	Change	Addition
STREET ADDRESS			STREET ADDR	ESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			<u> </u>	<u></u>	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME STREET ADDE		entates		967	
CITY-ST-ZIP			CITY-ST-ZIP	0 40		-		-
TITLE		☐ Delete	TITLE			OCT 21516	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	ESS	المناسعة المواج الما	OCI SOM	المادر	
CHTY-ST-ZIP			CITY-ST-ZIP		I have			
TITLE		☐ Delete	TITLE		, -		Change	Addition
NAME Street Address	·	_	NAME STREET ADDE	£00				
CHY-ST-ZIP		\sim	CITY-ST-ZIP			•		
12. I hereby	certify that the information supplies with do not his report or supplemental report or progration or the receiver of researches do not not not not not not not not not no	hythis fiting does not qualify for	the exemption	stated in Se	ection 119.07(3)(i), Florida State	ites. I further certify	y that the int	formation
indicated	u on this report or supplemental report	ps itugatano accurate and that m	y signature si	all have the	same legal effect as if made up	nder oath; that I am	n an officer o	or director
of the co	or on an attachment with a factor	bowered to execute this report a	as required by	Chapter 60	7, Florida Statutes; and that my	name appears in E	Block 10 or I	Block 11 ft
changed	d, or on an attachment with a hard riss,	overed to execute this report a with all other like empowered.	as required by	Chapter 607			Black 10 or I	RIOCK I I II
changed SIGNA	TURE:	powered to execute this report a with all other like empowered. PRINTED NAME OF SIGNING OFFICER OF		Chapter 60	7, Florida Statutes; and that my 9/21/03	5	Black 10 or I	BIOCK IT II