

# 2005 FOR PRO CORPORATION REINSTATEMENT

FILED  
05 OCT 20 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103128

1. Entity Name  
ZECA VENTURES, INC.



Principal Place of Business  
1492 S MIAMI AVE, STE 203  
MIAMI, FL 33130

Mailing Address  
1492 S MIAMI AVE, STE 203  
MIAMI, FL 33130

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

09212005 REIN-P CR2E098 (6/04)

4. FEI Number  
01-0651611

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SAIZARBITORIA, INAKI ESQ  
1492 S MIAMI AVE, STE 203  
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 SAIZARBITORIA 10/19/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME ZELLER, ALFREDO  
STREET ADDRESS 1492 S MIAMI AVE, STE 203  
CITY-ST-ZIP MIAMI, FL 33130

TITLE DST ☐ Delete  
NAME CALISTO, DIEGO  
STREET ADDRESS 1492 S MIAMI AVE, STE 203  
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 9/21/05  
Signature and typed or printed name of signing officer or director Date Daytime Phone #