2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000103128

Entity Name: ZECA VENTURES, INC.

FILED Aug 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1492 S MIAMI AVE, STE 203 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33130

SUITE: 703

MIAMI, FL 33133 US

Current Mailing Address: New Mailing Address:

1492 S MIAMI AVE, STE 203 2665 SOUTH BAYSHORE DRIVE

SUITE: 703 MIAMI, FL 33130

MIAMI, FL 33133 US

FEI Number: 01-0651611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAIZARBITORIA, INAKI ESQ ALARCON, MARIA SUSANA 1492 S MIAMI AVE, STE 203 2665 SOUTH BAYSHORE DRIVE

MIAMI, FL 33130 SUITE: 703 MIAMI, FL 33133 US

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: MARIA SUSANA ALARCON 08/26/2008 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ALARCON, MARIA SUSANA

ZELLER, ALFREDO Name: Name: 1492 S MIAMI AVE, STE 203 Address: 2665 SOUTH BAYSHORE DRIVE SUITE: 703 Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33133

Title: DST (X) Delete Title: () Change () Addition

Name: CALISTO, DIEGO Name: 1492 S MIAMI AVE, STE 203 Address: Address: MIAMI, FL 33130 City-St-Zip: 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: MARIA SUSANA ALARCON PD 08/26/2008