

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000075423

FILED
Mar 28, 2005
Secretary of State

Entity Name: ESPAVEN CORPORATION

Current Principal Place of Business:

15952 STATE RD.
SUITE 7
SUNRISE, FL 33326

New Principal Place of Business:

4204 MAHOGANY RIDGE DRIVE
WESTON, FL 33327

Current Mailing Address:

7105 SW 8 ST.
309
MIAMI, FL 33144

New Mailing Address:

4204 MAHOGANY RIDGE DRIVE
WESTON, FL 33327

FEI Number: 16-1615260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAEZ, GRISELDA
15952 STATE RD.
SUITE 7
SUNRISE, FL 33326 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: GRISELDA PAEZ

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: PD () Delete
Name: PAEZ, MANUEL
Address: 1698 ORION LANE
City-St-Zip: WESTON, FL 33327

Title: VTD () Delete
Name: MERY HERNANDEZ DE PA, EZ
Address: 1698 ORION LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAEZ, MANUEL
Address: 4204 MAHOGANY RIDGE DRIVE
City-St-Zip: WESTON, FL 33327

Title: VTD (X) Change () Addition
Name: MERY HERNANDEZ DE PA, EZ
Address: 4204 MAHOGANY RIDGE DRIVE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MANUEL PAEZ

PD

03/28/2005

Electronic Signature of Signing Officer or Director

Date