

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000116252

Entity Name: NINO REDENTOR INC.

FILED
Oct 11, 2004
Secretary of State

Current Principal Place of Business:

2500 NW 107 AVE
SUITE 208
MIAMI, FL 33172

New Principal Place of Business:

1970 NW 32 STREET
POMPANO BEACH, FL 33064

Current Mailing Address:

2500 NW 107 AVE
SUITE 208
MIAMI, FL 33172

New Mailing Address:

1970 NW 32 STREET
POMPANO, FL 33064

FEI Number: 59-0712277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, MIGUEL
2500 NW 107 AVENUE
SUITE 208
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

RAMOS, MIGUEL
1970 NW 32 STREET
POMPANO BEACH, FL 33064 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: MIGUEL RAMOS

10/11/2004

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: ADMM () Delete
Name: RAMOS, MIGUEL
Address: 2500 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: RAMOS, MIGUEL
Address: 2500 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: RAMOS, GUSTAVO
Address: 2500 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: GENM (X) Delete
Name: RAMOS, GUSTAVO
Address: 2500 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: PD (X) Delete
Name: AMADOR, ALAIN
Address: 2500 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RAMOS, MIGUEL
Address: 1970 NW 32 STREET
City-St-Zip: POMPANO, FL 33064

Title: TES (X) Change () Addition
Name: RAMOS, GUSTAVO
Address: 1970 NW 32 STREET
City-St-Zip: POMPANO BEACH, FL 33064

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 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: MIGUEL RAMOS

PRES

10/11/2004

Electronic Signature of Signing Officer or Director

Date