

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000036703

FILED
Oct 05, 2005
Secretary of State

Entity Name: BINA VEN BUSINESS GROUP, CORP

Current Principal Place of Business:

400 S DIXIE HIGHWAY
CORAL GABLES, FL 33164

New Principal Place of Business:

535 VALENCIA AVENUE
#1
CORAL GABLES, FL 33134

Current Mailing Address:

400 S DIXIE HIGHWAY
CORAL GABLES, FL 33164

New Mailing Address:

535 VALENCIA AVENUE
#1
CORAL GABLES, FL 33134

FEI Number: 20-0048020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, CARMEN D
400 S DIXIE HIGHWAY
CORAL GABLES, FL 33164 US

Name and Address of New Registered Agent:

RAMIREZ, CARMEN D
535 VALENCIA AVENUE
#1
CORAL GABLES, FL 33134 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: CARMEN D RAMIREZ

10/05/2005

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: RAMIREZ, CARMEN D
Address: 400 S DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33164

Title: VD () Delete
Name: CHOCRON, LEVI
Address: 400 S DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33164

Title: TD () Delete
Name: TORRES, DAVID
Address: 400 S DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMIREZ, CARMEN D
Address: 535 VALENCIA AVENUE #1
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: CHOCRON, LEVI
Address: 535 VALENCIA AVENUE #1
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change () Addition
Name: TORRES, DAVID
Address: 535 VALENCIA AVENUE #1
City-St-Zip: CORAL GABLES, FL 33134

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: CARMEN D RAMIREZ

PD

10/05/2005

Electronic Signature of Signing Officer or Director

Date