

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000080246

FILED
Oct 23, 2004
Secretary of State

Entity Name: MERBACA FONDO COOPERATIVO MICROFINANCIERO INC.

Current Principal Place of Business:

8225 HAPPYTRAIL ROAD
KISSIMME, FL 34747

New Principal Place of Business:

1424 RIDGE ST
KISSIMME, FL 34744 US

Current Mailing Address:

8225 HAPPYTRAIL ROAD
KISSIMME, FL 34747

New Mailing Address:

1424 RIDGE ST
KISSIMME, FL 34744 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRERO, RAMON E
8225 HAPPYTRAIL ROAD
KISSIMME, FL 34747 US

Name and Address of New Registered Agent:

SUAREZ, SANTOS
1424 RIDGE ST
KISSIMME, FL 34744 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: SANTOS SUAREZ

10/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRERO, RAMON E
Address: 8225 HAPPYTRAIL ROAD
City-St-Zip: KISSIMME, FL 34747

Title: VP () Delete
Name: CASTRO, MERCEDES
Address: 8225 HAPPYTRAIL ROAD
City-St-Zip: KISSIMME, FL 34747

Title: D () Delete
Name: BARRERO, DANIEL A
Address: 8225 HAPPYTRAIL ROAD
City-St-Zip: KISSIMME, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SANTOS, SUAREZ
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Change (X) Addition
Name: KATHERINE, SUAREZ
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

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: SANTOS SUAREZ

VP

10/23/2004

Electronic Signature of Signing Officer or Director

Date