

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

04/05 Re  
FILED


05 SEP 19 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P03000130520

1. Entity Name  
VAGA INVESTMENTS, INC.



Principal Place of Business  
4390 SW 14 ST  
CORAL GABLES, FL 33134

Mailing Address  
4390 SW 14 ST  
CORAL GABLES, FL 33134

2. Principal Place of Business  
9455 COLLINS AVE  
Suite, Apt. #, etc. # 801  
City & State SURFSIDE FL  
Zip 33154 Country USA

3. Mailing Address  
9455 COLLINS AVE  
Suite, Apt. #, etc. # 801  
City & State SURFSIDE, FL  
Zip 33154 Country USA

09142005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3793967

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GARCIA-VIDAL, RAOUL  
2655 LE JEUNE RD PH2-C  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALCYK, EDGARDO M AVE CORDOVA 1318 2B BUENOS AIRES, ARGENTINA, 1055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9455 COLLINS AVE, # 801 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMAN, ARIEL B CALLE PARANA 426, PISO 18 BUENOS AIRES, ARGENTINA,, 1055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9455 COLLINS AVE, # 801 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600059750366 09/19/05--01061--006 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 9/15/05 Daytime Phone #: (505) 554-7229