

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000000435

Entity Name: ZUDUART CORPORATION

**FILED**  
**Nov 02, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

302 GARDEN DR. #102  
POMPANO BEACH, FL 33069

## **New Principal Place of Business:**

3200 NW 5TH TERRACE  
UNIT 11  
POMPANO BEACH, FL 33064 US

## **Current Mailing Address:**

302 GARDEN DR. #102  
POMPANO BEACH, FL 33069

## **New Mailing Address:**

3200 NW 5TH TERRACE  
UNIT 11  
POMPANO BEACH, FL 33064 US

FEI Number: 20-0884663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## **Name and Address of New Registered Agent:**

MEDINA, FABIO  
3200 NW 5TH TERRACE  
UNIT 11  
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: FABIO MEDINA

11/02/2005

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: SD ( ) Delete  
Name: MEDINA, FABIO F  
Address: 302 GARDEN DR. #102  
City-St-Zip: POMPANO BEACH, FL 33069

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,D (X) Change ( ) Addition  
Name: MEDINA, FABIO F  
Address: 3200 NW 5TH TERRACE#11  
City-St-Zip: POMPANO BEACH, FL 33064 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: FABIO MEDINA

P,D

11/02/2005

Electronic Signature of Signing Officer or Director

Date