2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000094712

7834 NW 116TH. AVE

MIAMI, FL 33178

Address:

City-St-Zip:

FILED Oct 05, 2009 Secretary of State

Entity Na	me: VENUS 1	22 CORPORATION			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
7834 NW 116TH. AVE MIAMI, FL 33178				915 W 49TH ST HIALEAH, FL 33012	
Current M	lailing Addres	s:	New Mailing A	New Mailing Address:	
7834 NW 116TH. AVE MIAMI, FL 33178				915 W 49TH ST HIALEAH, FL 33012	
FEI Number	: 55-0875726	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	l Address of C	Surrent Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134 US			10305 NW 41ST 219	ENTERPRICE RESOURCE PLANNING, INC. 10305 NW 41ST STREET 219 DORAL, FL 33178 US	
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE: ROBERTO DILENA				10/05/2009	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROBAYO, CAM 7834 NW 116TI MIAMI, FL 331	H. AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () ROBAYO, LUIS 7834 NW 116TI MIAMI, FL 331	H. AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ROBAYO, ADR 7834 NW 116TI MIAMI, FL 331	H. AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () ROBAYO, AGU	Delete STO E	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: AUGUSTO E ROBAYO 10/05/2009 Τ