

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000141036

1. Entity Name
VERUSSI IMPORT & EXPORT, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 PM 2:25

REINSTATEMENT 06



12052006 REIN-P CR2E098 (11/05)

4. FEI Number
20-1756285

Applied For
Not Applicable

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

Principal Place of Business
7343 CARLYLE AVE.
#7A
MIAMI BEACH, FL 33141

Mailing Address
7343 CARLYLE AVE.
#7A
MIAMI BEACH, FL 33141

2. Principal Place of Business
7343 Carlyle Ave.
Suite, Apt. #, etc.
7A
City & State
Miami Beach, FL
Zip
33141
Country
US

3. Mailing Address
7343 Carlyle Ave.
Suite, Apt. #, etc.
#7A
City & State
Miami Beach
Zip
33141
Country
US

6. Name and Address of Current Registered Agent

SIFUENTES, HUGO H
3050 BISCAYNE BLVD
201
MIAMI, FL 33137

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 *X*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/14/06

FILE NOW! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SIFUENTES, HUGO H	7343 CARLYLE AVE. #7A	MIAMI BEACH, FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X* Hugo H. Sifuentes 12/14/06 305-864-2509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #