## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000121339

FILED Dec 08, 2006 Secretary of State

Entity Nam	ie: VENCOX	, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
7162 NW 7: MIAMI, FL :			14734 SW 113 LANE MIAMI, FL 33196		
Current Ma	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
7162 NW 7: MIAMI, FL :			14734 SW 113 LANE MIAMI, FL 33196		
FEI Number:	04-3832695	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
CHACON, 7 14734 SW 1 MIAMI, FL 3	113TH LANE				
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: ANDRES	CHACON			
	Electror	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	t receive the prior notice.		
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) CHACON, AND 14734 SW 113 MIAMI, FL 331	TH LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( ) ORTIZ, AINELE 910 NW 39 AVI MIAMI, FL 331	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ANDRES CHACON PD 12/08/2006