

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000121607 1. Entity Name INGENICARD WORLD TRADE CENTER, CORP.			FILED 08 OCT 22 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7975 N.W. 154 STREET, SUITE 330 MIAMI LAKES, FL 33016 US		Mailing Address 7975 N.W. 154 STREET, SUITE 330 MIAMI LAKES, FL 33016 US	
2. Principal Place of Business - No P.O. Box # 8813 NW 114 Ter	3. Mailing Address 8813 NW 114 Ter		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State HiDean Gardens FL		City & State HiDean Gardens FL	
Zip 33018	Country	Zip 33018	Country
6. Name and Address of Current Registered Agent MORALES, BORIS L 3066 SW 129TH TERRACE MIRAMAR, FL 33127		7. Name and Address of New Registered Agent Name Boris L. Morales 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 Boris L. Morales <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORALES, BORIS L 3066 SW 129TH TERRACE MIRAMAR, FL 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 400137166064 10/22/08--01024--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMAYO, TAMMY 3066 SW 129TH TERRACE MIRAMAR, FL 33127	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
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 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: Boris L. Morales <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10/16/08 <small>Daytime Phone #</small>	