

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000056166

Entity Name: BORINCUBA CORP

FILED  
Dec 09, 2008  
Secretary of State

## Current Principal Place of Business:

1103 BRACK ST.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

1810 MUSCAT COURT APT A  
KISSIMMEE, FL 34741 US

## Current Mailing Address:

1103 BRACK ST.  
KISSIMMEE, FL 34744

## New Mailing Address:

2441 SABLE DR.  
KISSIMMEE, FL 34744 US

FEI Number: 26-0159288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCENA, MAGALY  
1103 BRACK STREET  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

LUCENA, MAGALY  
MUSCAT COURT APT A  
KISSIMMEE, FL 34741 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: MAGALY LUCENA

12/09/2008

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: P ( ) Delete  
Name: LUCENA, MAGALY  
Address: 1103 BRACK STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: LAFFITA PROENZA, FIDEL  
Address: 301 SANDOLLAR CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete  
Name: OCHOA, ROGELIO  
Address: 301 SANDOLLAR CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Delete  
Name: LAFFITA PROENZA, ORLANDO  
Address: 301 SANDOLLAR CT  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LUCENA, MAGALY  
Address: 1810 MUSCAT COURT APT A  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition  
Name: LAFFITA PROENZA, ORLANDO  
Address: 1810 MUSCAT COURT APT A  
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MAGALY LUCENA

P

12/09/2008

Electronic Signature of Signing Officer or Director

Date