

2008 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P95000007787

1. Entity Name
FERNANDEZ VENTURA & ASSOCIATES INC.

Principal Place of Business
3540 NW 17 AVE
MIAMI, FL 33142

Mailing Address
3540 NW 17 AVE
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

Same As Above

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12182008

REIN-P

CR2E098 (1/07)

4. FEI Number

65-0573007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARISELA, JIMENEZ
13280 S.W. 38 ST.
MIAMI, FL 33175

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

Marisela Jimenez

12/19/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VENTURA, AMADO F	
STREET ADDRESS	452 INPLATERRA ST	
CITY-ST-ZIP	SANTURCE, PUERTO RICO,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RICARDO	
STREET ADDRESS	WILLIAM JONE 515	
CITY-ST-ZIP	SANTURCE PUERTO RICO, 00915	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLON, MATIAS J	
STREET ADDRESS	957 TRIGUERO STREET	
CITY-ST-ZIP	COUNTRY CLUB, RIO PIEDRAS, PR 00926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12/30/08--01081--025 **150.00

12/18

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:

Marisela Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/08 (305) 634-9477

Daytime Phone #