

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000075472		
1. Entity Name VANESTE, INC.		

Principal Place of Business 80 SW 8TH ST SUITE 2120 MIAMI, FL 33130	Mailing Address 80 SW 8TH ST SUITE 2120 MIAMI, FL 33130
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 490974 Suite, Apt. #, etc.
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City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149	Country

10072005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0645934	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134-3343	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	BLAGANO, ETTORE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	80 SW 8TH ST, STE 2120	NAME	800060498058
STREET ADDRESS	MIAMI, FL 33130	STREET ADDRESS	10/11/05--01055--019 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEILUVA, MIRELLA	NAME	
STREET ADDRESS	80 SW 8TH ST, STE 2120	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	Date: 10/7/05	Daytime Phone #: (305) 365-6551
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10/11/05