

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V07783

FILED
Oct 03, 2007
Secretary of State

Entity Name: OXFER COLLECTION CORPORATION

Current Principal Place of Business:

2428 PONCE DELEON BLVD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

784 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

2428 PONCE DELEON BLVD
CORAL GABOLES, FL 33134 US

New Mailing Address:

784 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

FEI Number: 65-0322162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEZ, ALEXANDRA
784 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: ALEXANDRA DIEZ

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: DIEZ, ALEXANDRA,
Address: 784 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: GUERRERO, JOSE L
Address: 784 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: DIEZ, YADIRA
Address: 784 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALEXANDRA DIEZ

Electronic Signature of Signing Officer or Director

P

10/03/2007

Date