

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000029982

FILED
Nov 29, 2004
Secretary of State

Entity Name: ANTONIO PELUQUERIA, LLC

Current Principal Place of Business:

546 NE 199TH LN #4W
MIAMI, FL 33179

New Principal Place of Business:

C/O 20221 N.E. 10TH CT
MIAMI, FL 33179

Current Mailing Address:

546 NE 199TH LN #4W
MIAMI, FL 33179

New Mailing Address:

C/O 20221 N.E. 10TH CT
MIAMI, FL 33179

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN VIGA NETWORK
546 NE 199TH LN #4-W
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

AMERICAN VIGA NETWORK
C/O 20221 N.E. 10TH CT
MIAMI, FL 33179 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: DEYANIRE GONZALEZ

11/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PELUQUERIA, ANTONIO
Address: KIA 50A 34731
City-St-Zip: BELLO-ANT,

Title: MGRM () Delete
Name: ARBOLEDA, ISABEL CRISTIN
Address: 546 NE 199TH LN
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: ARBOLEDA, ANTONIO MARIA
Address: 546 NE 199TH LN
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ARBOLEDA, ISABEL CRISTIN
Address: C/O 20221 N.E. 10TH CT
City-St-Zip: MIAMI, FL 33179

Title: MGRM (X) Change () Addition
Name: ARBOLEDA, ANTONIO MARIA
Address: C/O 20221 N.E. 10TH CT
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISABEL CRISTINA ARBOLEDA

MGR

11/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date