

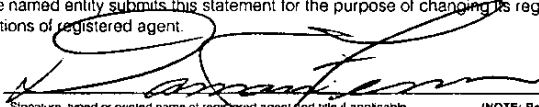
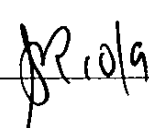
2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT -6 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400020572144
10/06/06--01047 000 **\$61.25



10042006 REIN-NP CR2E099 (11/05) 06

DOCUMENT # N95000003665			
1. Entity Name BAJLES FERRER, INC.			
Principal Place of Business 8452 STATE RD. 84 FORT LAUDERDALE, FL 33324		Mailing Address 8452 STATE RD. 84 FORT LAUDERDALE, FL 33324	
2. Principal Place of Business 7520 NW 5th Street		3. Mailing Address 7520 NW 5th Street	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33317	Country US	Zip 33317	Country US
4. FEI Number 65-0628023		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRER, DAMARIS I 16030 LA COSTA DR SUNRISE, FL 33326		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 		DATE 10/3/06	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDD FERRER, DAMARIS I 750 SOUTHWIND CR SUNRISE, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDD Ferrer, Damaris I 16030 La Costa Dr Weston, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANDON, CELIA M 3620 NW 104 AVE. CORAL SPRINGS, FL 33067 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Nirca Marquez 7800 Carlyle Ave #3A Miami Beach, FL 33141 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTANA, NOEMI 3435 GILES PL #5L BRONX, NY 10463 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Noemi Santana 407 Hunter Ave City Island, NY 10464 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROULETTE-BOGUS, YVETTE 320 NW 107 AVE. CORAL SPRINGS, FL 33071 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Liliana Chaffin 3510 Southern Orchard Rd Davie, FL 33328 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM LUGOVINA, FRANCISCO 1255 N AVE BLDG B #3R NEW ROCHELLE, NY 10804 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM OVERTON, JUNIA 1387 SW 7TH ST BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 617, 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 10/3/06 792-7008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	