

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 31, 2005  
Secretary of State**

DOCUMENT# P03000024234

Entity Name: TRE LATI INVESTMENTS, INC.

**Current Principal Place of Business:**

19201 COLLINS AVE STE 416  
N MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19201 COLLINS AVE STE 416  
N MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 02-0680246      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, DARIO  
19201 COLLINS AVE STE 416  
N MIAMI BEACH, FL 33160      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: DARIO GOMEZ

\_\_\_\_\_  
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: PD ( ) Delete  
Name: GOMEZ, DARIO  
Address: 19201 COLLINS AVE STE 416  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VSTD ( ) Delete  
Name: GOMEZ, LUCILA  
Address: 19201 COLLINS AVE STE 416  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VD ( ) Delete  
Name: GOMEZ, GERMAN D  
Address: 19201 COLLINS AVE STE 416  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VD ( ) Delete  
Name: GOMEZ, NICOLAS  
Address: 19201 COLLINS AVE STE 416  
City-St-Zip: N MIAMI BEACH, FL 33160

**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:

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

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 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: DARIO GOMEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/31/2005

\_\_\_\_\_  
Date