


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000025269

1. Entity Name
SPECTACULAR AFFAIRS AND EVENTS, INC.



FILED

04 DEC -9 AM 8:45

Principal Place of Business 1904 S.OCEAN DRIVE, TS206 HALLANDALE, FL 33009 US	Mailing Address 1904 S.OCEAN DRIVE, TS206 HALLANDALE, FL 33009 US
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/06/04 90176 430 150



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11292004 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANN-ALEXANDER, MARTISHA 1904 S. OCEAN DRIVE TS206 HALLANDALE, FL 33009	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIR.	<input type="checkbox"/> Delete	TITLE	Mann-Alexander, Martisha	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN-ALEXANDER, MARTISHA		NAME	530 NW 89 Ter.	
STREET ADDRESS	1904 S. OCEAN DRIVE, TS206		STREET ADDRESS	Pembroke Pines, FL 33024	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	Alexander Dana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DANA		NAME	530 NW 89 Ter.	
STREET ADDRESS	1904 S. OCEAN DRIVE, TS206		STREET ADDRESS	Pembroke Pines, FL 33024	
CITY-ST-ZIP	HALLANDALE, FL 33009		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: M. Alexander Martisha Mann-Alexander 12/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #