

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000033592

FILED
May 09, 2005
Secretary of State

Entity Name: AMATO CANIZALEZ PRODUCTION INC.

Current Principal Place of Business:

900 W 49 ST STE 524
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

900 W 49 ST STE 524
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 76-0728498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSAD, JENNY
900 W 49 ST STE 524
HIALEAH, FL 33012 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: JENNY MASSAD

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: D () Delete
Name: AMATO, ANTONIO
Address: 900 W 49 ST STE 524
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: CANIZALEZ, ENRIQUE
Address: 900 W 49 ST STE 524
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: AMATA, ROSA
Address: 900 W 49 ST STE 524
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: AMATO, ROSA
Address: 900 W 49 ST STE 524
City-St-Zip: HIALEAH, FL 33012

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: ANTONIO AMATO

D

05/09/2005

Electronic Signature of Signing Officer or Director

Date