

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000069977 1. Entity Name ECARRI CASTILLO INC.				FILED 04 DEC 13 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10852 N.W. 53 LANE MIAMI, FL 33178		Mailing Address 10852 N.W. 53 LANE MIAMI, FL 33178			
2. Principal Place of Business 6965 NW 43 ST		3. Mailing Address 6965 NW 43 ST			
Suite, Apt. #, etc. Bay 1		Suite, Apt. #, etc. Bay 1			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33144		Zip 33144		4. FEI Number 75-3121121	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LOUIS D 13446 S.W. 62ND STREET MIAMI, FL 33153				7. Name and Address of New Registered Agent Name ARGENIS ECARRI Street Address (P.O. Box Number is Not Acceptable) 10862 NW 53 LN City MIAMI FL Zip Code 33124	
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 ARGENIS ECARRI <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 12/9/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D ECARRI, ARGENIS 10862 N.W. 53 LANE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECARRI, BLANCALINA 10862 N.W. 53 LANE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address, with all other like empowered.					
SIGNATURE: ARGENIS ECARRI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 12/9/04 Daytime Phone # 786 326 2765	