


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000104254 1. Entity Name LAGUN ENTERTAINMENT CORP.	
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FILED

07 FEB -9 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 06-07

Principal Place of Business 6790 NW 186TH STREET #318 HIALEAH, FL 33015	Mailing Address 6790 NW 186TH STREET #318 HIALEAH, FL 33015
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2. Principal Place of Business - No P.O. Box # 6142 NW 115th PL	3. Mailing Address 6142 NW 115th PL
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Suite, Apt. #, etc. Unit 323	Suite, Apt. #, etc. Unit 323
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City & State Doral, FL	City & State Doral, FL
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Zip 33178	Country U.S.	Zip 33178	Country U.S.
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02082007 REIN-P CR2E098 (1/07)

4. FEI Number 14-1896217	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SELMO, FEDERICO 6790 NW 186TH STREET #318 HIALEAH, FL 33015	7. Name and Address of New Registered Agent Name Eduardo E. Maldonado Street Address (P.O. Box Number is Not Acceptable) 6142 NW 115th PL Unit 323 City Doral FL Zip Code 33178
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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: **02-08-07**

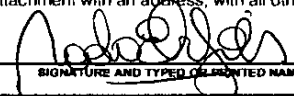
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 P	SELMO, FEDERICO 6790 NW 186TH STREET #318 HIALEAH, FL 33015	TITLE P	Eduardo E. Maldonado 6142 NW 115th PL Unit 323 Doral, FL 33178
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	ORFOIS, PAOLA 943 NW 106 AVE CIRCLE MIAMI, FL 33172	TITLE VP	Paola Dominguez 6142 NW 115th PL Unit 323 Doral, FL 33178
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GALLEGO, ENRIQUE 6790 NW 186TH STREET #318 HIALEAH, FL 33015	TITLE T	Gustavo A. Maldonado 6142 NW 115th PL Unit 323 Doral, FL 33178
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	SELMO, HANY 6790 NW 186 ST #318 HIALEAH, FL 33015	TITLE	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: **02-08-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR