


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 20 AM 8: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P04000049191 1. Entity Name CD OULET, INC. | |  |
| Principal Place of Business 2342 W 80 ST. 5 HIALEAH, FL 33016 US | | Mailing Address 2342 W 80 ST. 5 HIALEAH, FL 33016 US |
| 2. Principal Place of Business 2384 W. 80TH ST Suite, Apt. #, etc. #8 | | 3. Mailing Address 2384 W. 80TH ST Suite, Apt. #, etc. #8 |
| City & State HIALEAH FL | | City & State HIALEAH FL |
| Zip 33016 | Country USA | Zip 33016 |
| 6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A MS. 2342 WS 80 ST. 5 HIALEAH, FL 33016 | | 7. Name and Address of New Registered Agent Name: RITA N. MULE Street Address (P.O. Box Number is Not Acceptable): 2384 W. 80TH ST SUITE 8 City: HIALEAH FL Zip Code: 33016 |
| 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: <i>Rita Mule</i> DATE: 10-10-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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: P. S. <input type="checkbox"/> Delete NAME: MULE, RITA N MS. STREET ADDRESS: 2342 W 80 ST. SUITE 5 CITY-ST-ZIP: HIALEAH, FL 33016 | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 2384 W 80TH ST SUITE 8 CITY-ST-ZIP: HIALEAH FL 33016 | |
| TITLE: VP <input type="checkbox"/> Delete NAME: NAVA, MARIA A MS. STREET ADDRESS: 2342 W 80 ST. SUITE 5 CITY-ST-ZIP: HIALEAH, FL 33016 | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 2384 W. 80TH ST SUITE 8 CITY-ST-ZIP: HIALEAH FL 33016 | |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
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| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <i>Rita Mule</i> | | DATE: 10-10-05 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |

RITA N. MULE