

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC -4 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000059972</b> 1. Entity Name CNN 21 ENTERPRESS INC		
Principal Place of Business <del>5723 RIEDEL AVENUE</del> <del>LAKE WORTH, FL 33461-3639 US</del>		Mailing Address P.O. BOX 441536 MIAMI, FL 33144-1536 US
2. Principal Place of Business 7961 S.W. 152 AVE Suite, Apt. #, etc. 2	3. Mailing Address Suite, Apt. #, etc.	
City & State Miami FLA.	City & State	4. FEI Number 13-4278499
Zip 33193	Country USA.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, OMAR J <del>8335 S.W. 152 AVE. #B-303</del> <del>MIAMI, FL 33193</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7961 S.W. 152 AVE. # 2. City Miami FL Zip Code 33193
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 11/29/06
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE PD <input type="checkbox"/> Delete NAME FERNANDEZ, OMAR J STREET ADDRESS <del>5723 RIEDEL AVENUE</del> CITY-ST-ZIP <del>LAKE WORTH, FL 334613639</del>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 7961 S.W. 152 AVE. # 2. CITY-ST-ZIP MIAMI, FLA. 33193	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 400082265384 CITY-ST-ZIP 12/04/06--01063--023 **159.75	
TITLE <input type="checkbox"/> Delete 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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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 11/29/06 (305) 383-0728 <small>Date Daytime Phone #</small>

12/6/06