

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000111159

FILED
Sep 19, 2007
Secretary of State

Entity Name: ACTION ONE FINANCIAL CORP.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
977
MIAMI, FL 33126

New Principal Place of Business:

5255 SW 149 AVENUE
MIRAMAR, FL 33027

Current Mailing Address:

5201 BLUE LAGOON DRIVE
977
MIAMI, FL 33126

New Mailing Address:

5255 SW 149 AVENUE
MIRAMAR, FL 33027

FEI Number: 20-1423251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASTIDAS, FERNANDO
3290 SW 195 TERR
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

BASTIDAS, FERNANDO
5255 SW 149 AVENUE
MIRAMAR, FL 33027 US

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: FERNANDO BASTIDAS

09/19/2007

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: P () Delete
Name: CENDON, YORDANIS
Address: 3290 SW 195 TERR
City-St-Zip: MIRAMAR, FL 33029

Title: ST () Delete
Name: BASTIDAS, FERANANDO R
Address: 3290 SW 195 TERRACE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BASTIDAS, FERNANDO
Address: 5255 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: ST (X) Change () Addition
Name: BASTIDAS, FERNANDO R
Address: 5255 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FERNANDO BASTIDAS

P

09/19/2007

Electronic Signature of Signing Officer or Director

Date