

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000027826

**FILED**  
**Sep 19, 2006**  
**Secretary of State**

**Entity Name:** ORLANDO FASHION & BEAUTY SHOW, INC.

**Current Principal Place of Business:**

8277 DEMING DR., STE. 2  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 721199  
ORLANDO, FL 328721199

**New Mailing Address:**

**FEI Number:** 59-2252701      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CASANOVA, DORA MRS.  
8277 DEMING DR., STE. 2  
ORLANDO, FL 32825    US

**Name and Address of New Registered Agent:**

DOMINICCI, ADALGISA MRS.  
8277 DEMING DR., STE. 2  
ORLANDO, FL 32825    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: ADALGISA DOMINICCI

09/19/2006

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: PM            ( ) Delete  
Name: DOMINICI, ADALGISA  
Address: 8277 DEMING DR., STE. 2  
City-St-Zip: ORLANDO, FL 32825

Title: V              ( ) Delete  
Name: ARROYO, JOSE M  
Address: 8277 DEMING DR., STE. 2  
City-St-Zip: ORLANDO, FL 32825

Title: VS            (X) Delete  
Name: DOMINICI, MARCO C  
Address: 8277 DEMING DR., STE. 2  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P              (X) Change ( ) Addition  
Name: DOMINICI, ADALGISA  
Address: 8277 DEMING DR., STE. 2  
City-St-Zip: ORLANDO, FL 32825

Title: VP            (X) Change ( ) Addition  
Name: ARROYO, JOSE M  
Address: 8277 DEMING DR., STE. 2  
City-St-Zip: ORLANDO, FL 32825

Title:                ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADALGISA DOMINICCI

P

09/19/2006

Electronic Signature of Signing Officer or Director

Date