


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000024036 1. Entity Name CANDELO CORPORATION	
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FILED
 04 NOV 12 PM 2:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 7657 PINES BLVD. PEMBROKE PINES, FL 33024	Mailing Address 7657 PINES BLVD. PEMBROKE PINES, FL 33024
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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4. FEI Number 65-0903873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

City & State Zip	City & State Zip
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6. Name and Address of Current Registered Agent DELDADO, EDMEE E 3928 E. LAKE TERRACE MIRAMAR, FL 33023	7. Name and Address of New Registered Agent --Name-- Street Address (P.O. Box Number is Not Acceptable) City
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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: *Edmee E. Delgado* DATE: 11-4-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Angel L. Valle</i> <input checked="" type="checkbox"/> Delete <i>President</i> <i>7657 Pines Blvd.</i> <i>Pembroke Pines, FL 33024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Carmen E. Figueroa</i> <i>7657 Pines Blvd.</i> <i>Pembroke Pines, FL 33024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042692274 11/12/04--01042--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>AB w/17</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *AValle* DATE: 11/9/04 (954) 986-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #