2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2005
Secretary of State

DOCUMENT# P04000079695

Entity Name: 4 FUTURE INVESTMENT, CORP.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1134167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GURIAN, JORGE
2100 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: JORGE GURIAN

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:	PD	( ) Delete
Name:	ECHEGARAY, JOSE	
Address:	2100 PONCE DE LEON BLVD SUITE 600	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	SD	( ) Delete
Name:	RUGGIERO, PASCUAL	
Address:	2100 PONCE DE LEON BLVD SUITE 600	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	GOZZO, WILFREDO	
Address:	2100 PONCE DE LEON BLVD SUITE 600	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	DA SILVA, JOAQUIN	
Address:	2100 PONCE DE LEON BLVD SUITE 600	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: JOSE ECHEGARAY PD 12/08/2005

Electronic Signature of Signing Officer or Director — Date