

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 294528

Entity Name: SARAL PUBLICATIONS, INC.

FILED
Nov 09, 2007
Secretary of State

Current Principal Place of Business:

6355 N.W. 36TH STREET
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6355 N.W. 36TH STREET
THIRD FLOOR
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6355 N.W. 36TH STREET
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 59-1103522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URRUTIA, ANDRES
6355 NW 35TH ST
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

SPENCER, THOMAS R
999 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES, FL 33134 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: THOMAS R. SPENCER

11/09/2007

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: CH () Delete
Name: CARABIAS, PRINCIPE R
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: V () Delete
Name: NAVA GOMEZ, GUILLERMO
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: T () Delete
Name: PAILLES, ALEJANDRO B
Address: 6355 NW 36TH STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: S () Delete
Name: SPENCER, THOMAS R JR.
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: AS () Delete
Name: DOMINGUEZ, AZUCENA
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: D () Delete
Name: ECHEGOYEN, JORGE L
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: S (X) Change () Addition
Name: SPENCER, THOMAS R
Address: 999 PONCE DE LEON BLVD. SUITE 510
City-St-Zip: CORAL GABLES, FL 33134

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 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: THOMAS R. SPENCER

SEC

11/09/2007

Electronic Signature of Signing Officer or Director

Date