

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 388345

FILED
Apr 22, 2005
Secretary of State

Entity Name: CESPEDES AND ASSOCIATES, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-1378179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRE, FRANK R.S.
717 PONCE DE LEON BLVD., SUITE 234
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: FRANK FABRE R.S

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/D () Delete
Name: CESPEDES, ERNESTO
Address: 717 PONCE DE LEON BLVD., SUITE 234
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: CESPEDES, GLADYS
Address: 717 PONCE DE LEON BLVD., SUITE 234
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: BOLOOKI, HAMID
Address: 351 NW LE JEUNED RD
City-St-Zip: MIAMI, FL 33126

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:

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: ERNESTO CESPEDES

Electronic Signature of Signing Officer or Director

P/D

04/22/2005

Date