

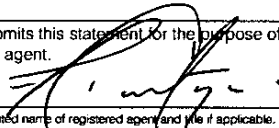
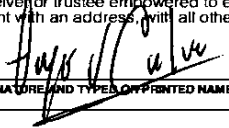


2004 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|--|---------|--|---|--|--|--|
| DOCUMENT # 632681 1. Entity Name IDEAL CUSTOM WORK, INC. | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 10 PH 2:44 REINSTATEMENT 04-05  | |
| Principal Place of Business 9442 N.W. 109TH ST. MEDLEY, FL 33178 | | | | Mailing Address 9442 N.W. 109TH ST. MEDLEY, FL 33178 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-1927331 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CARTAYA, FRANCISCO 13221 S.W. 17TH COURT MIRAMAR, FL 33027 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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  DATE 1/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE PVT <input type="checkbox"/> Delete NAME CALVO, HUGO A STREET ADDRESS 6830 SW 130TH AVENUE CITY-ST-ZIP FT LAUDERDALE, FL 33330 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 500043373615 CITY-ST-ZIP 12/14/04--01003--010 **750.00 | | | |
| TITLE S <input type="checkbox"/> Delete NAME CALVO, CARLOS A STREET ADDRESS 4500 WEST 19TH CT #136 CITY-ST-ZIP HIALEAH, FL 33012 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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:  1/24/04 (305) 899-2030 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |