

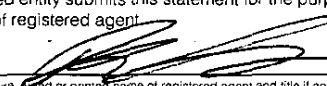
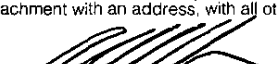


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000003244 1. Entity Name PREMIO COMPUTER, INC.						FILED 04 NOV -9 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1616 NW 84 AVE. MIAMI, FL 33126				Mailing Address 918 RADECKI COURT CITY OF INDUSTRY, CA 91748			
2. Principal Place of Business 8784 NW 18th Terrace		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11012004 REIN-P CR2E098 (6/04)		4. FEI Number 36-4152757	
City & State Miami FL		City & State		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33172		Country USA		Zip		Country	
6. Name and Address of Current Registered Agent SUN, ROBIN 1616 N.W. 84TH AVE. MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Sun, Robin Street Address (P.O. Box Number is Not Acceptable) 8784 NW 18th Terrace City Miami FL Zip Code 33172			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/2/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WU, AI-LAN 918 RADECKI COURT CITY OF INDUSTRY, CA 91748			TITLE NAME STREET ADDRESS CITY - ST - ZIP	900042606849 11/09/04--01072--003 ***150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TSAO, TOM 918 RADECKI COURT CITY OF INDUSTRY, CA 91748			TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11-2-04 (626)839-3100 <small>Daytime Phone #</small>			