

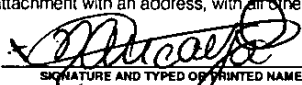


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000004682</b> 1. Entity Name <b>TREASURES OF SOUTH AMERICA, INC.</b>						<b>FILED</b> <b>05 DEC 27 PM 2:33</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>48 E. FLAGLER ST. N. #39</b> <b>MIAMI, FL 33131</b>				Mailing Address <b>1530 NW 128 DR. #208</b> <b>SUNRISE, FL 33323</b>			
2. Principal Place of Business		3. Mailing Address <b>8275 HUNTSMAN PL</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <b>BOCA RATON, FL</b>					
Zip		Country		Zip <b>33433</b>		Country	
4. FEI Number <b>87-0683048</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ANCAYA, NIEVES Z</b> <b>1530 NW 128 DR. #208</b> <b>SUNRISE, FL 33323</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8275 HUNTSMAN PL</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</b>			
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ANCAYA, NIEVES Z</b> <b>1530 NW 128 DR. #208</b> <b>SUNRISE, FL 33323</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000062511360</b> <b>12/30/05--01052--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANCAYA, NIEVES Z</b> <b>1530 NW 128 DR. #208</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8275 HUNTSMAN PL</b> <b>BOCA RATON, FL 33433</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	