2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2007
Secretary of State

DOCUMENT# F06000004497

Entity Name: E'KABEL PROJEKTS, CORP.

Current Principal Place of Business:

CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
DEL SUCRE MIRANDA,APRTADO POSTAL 1070
REPUBLIC OF VENEZUELA, XX

New Principal Place of Business:

8251 NW 8TH ST
412
MIAMI, FL 33126

Current Mailing Address:

CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
DEL SUCRE MIRANDA,APRTADO POSTAL 1070
REPUBLIC OF VENEZUELA, XX

New Mailing Address:

8251 NW 8TH ST
412
MIAMI, FL 33126

FEI Number: 02-0781994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDRADE-VALENTI, CAROLINA
717 SE 11TH TERRACE
CAPE CORAL, FL 33991 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: CAROLINA ANDRADE

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: PC ( ) Delete
Name: CHIRINOS, ROMER E
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

Title: VC ( ) Delete
Name: RUIZ, CARMEN B
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

Title: VP ( ) Delete
Name: RUIZ, CARMEN B
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

Title: D ( ) Delete
Name: LEAL, LUIS E
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

Title: S ( ) Delete
Name: NAVA, GISELLE
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

Title: T ( ) Delete
Name: DOMINGUEZ, JUAN J
Address: CALLE MURACHI,QUINTA 503-12-24,MUNICIPIO
City-St-Zip: REPUBLIC OF VENEZUELA, XX

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: ( ) 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 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: ROMER CHIRINOS PC 11/09/2007

Electronic Signature of Signing Officer or Director — Date