

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000001498

FILED
Nov 10, 2004
Secretary of State

Entity Name: ANNA LUCIA GROUP LIMITED CO.

Current Principal Place of Business:

2850 SOMERSET DR., #414
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

3961 N. FEDERAL HWY
POMPANO BEACH, FL 33064

Current Mailing Address:

2850 SOMERSET DR., #414
LAUDERDALE LAKES, FL 33311

New Mailing Address:

22W502 BURR OAK DRIVE
GLEN ELLYN, IL 60137 US

FEI Number: 65-0828344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONIFACIO ARRUDA, JOSE
6100 SOUTH FALLS CIRCLE DR #208
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

AQUILINO, JULIANA
3961 N. FEDERAL HWY
POMPANO BEACH, FL 33064 US

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: JULIANA AQUILINO

11/10/2004

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 () Delete
Name: TAMM, RAY
Address: 2850 SOMERSET DR., #414
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: V () Delete
Name: TAMM, MARIA J
Address: 2850 SOMERSET DR., #414
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D () Delete
Name: TAMM, RAY B
Address: RUA SIRACUSA, 83
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D () Delete
Name: TAMM, BERNARDO B
Address: RUA SIRACUSA, 83
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D () Delete
Name: TAMM, CARLOS A
Address: RUA SIRACUSA, 83
City-St-Zip: BELO HORIZONTE MG BRAZIL,

Title: D () Delete
Name: TAMM, GLENN B
Address: RUA SIRACUSA, 83
City-St-Zip: BELO HORIZONTE MG BRAZIL,

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 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: RAY TAMM

P

11/10/2004

Electronic Signature of Signing Officer or Director

Date