2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K89685

Entity Name: GALICIA'S INVESTMENTS, CORP.

FILED Oct 26, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

C/O ULISES WILTZ 14991 SW 136 PLACE MIAMI, FL 33186 US

Current Mailing Address: New Mailing Address:

 14991 SW 136TH PLACE
 C/O ULISES WILTZ

 14991 SW 136 PLACE
 14991 SW 136 PLACE

 MIAMI, FL 33186 US
 MIAMI, FL 33186 US

FEI Number: 65-0141985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILTZ, ULISES 14991 SW 136TH PLACE MIAMI, FL 33186 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: ULISES R. WILTZ

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: DTS (X) Change () Addition

 Name:
 WILTZ, ULISES
 Name:
 WILTZ, ULISES

 Address:
 14991 SW 136 PLACE
 Address:
 14991 SW 136 PLACE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

 Title:
 () Delete
 Title:
 PD () Change (X) Addition

 Name:
 Name:
 VARELA PARRA, EVARISTO

 Address:
 Address:
 14991 SW 136 PLACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

Title: () Delete Title: VPD () Change (X) Addition
Name: Name: LOPEZ GONZALEZ, MARIA DEL CARM

 Name
 LOFEZ GONZALEZ, MA

 Address:
 Address:
 14991 SW 136 PLACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

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: ULISES R. WILTZ DTS 10/26/2009