


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00788 1. Entity Name ROPER INVESTMENTS CORP.	
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Principal Place of Business CALLE RAFAEL AGUSTO SANCHEZ NO. 44 TORRE BLANCA, PISO #10 MIAMI, FL 33102-5261 US	Mailing Address C/O LEONIDAS RODRIGUEZ, EPS PO BOX 02-5261 MIAMI, FL 33102-5261 US
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2. Principal Place of Business CALLE RAFAEL AGUSTO SANCHEZ 44 Suite, Apt. #, etc. TORRE BLANCA, PISO #10 City & State SANTO DOMINGO Zip Country DOM. REP.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0149181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTELL, PEDRO F 717 PONCE DE LEON BLVD. SUITE 319 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, LEONIDAS RAFAEL AGUSTO SANCEZ 44 NACO, DOM REP. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400066217714 02/20/06--01081--019 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, DORALISE RAFAEL AGUSTO SANCHEZ 44 NACO, DOM REP, DP <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	EXVP RODRIGUEZ, ROBERTO E RAFAEL AGUSTO SANCHEZ 44 NACO, DOM REP, DP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/17
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 exemptions contained 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 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 employees.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pedro F. Martell, Attorney and Reg. Agent	Date 01/30/06 (305) 446-3400 Daytime Phone #
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