

2006 LIMITED LIABILITY COMPANY REINSTATEMENT


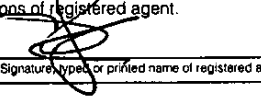
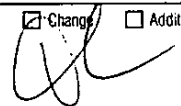
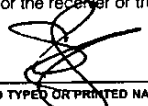
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2006 OCT 31 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000042963					
1. Entity Name GUERRA INVESTMENTS, LLC					
Principal Place of Business 9210 SUNSET DRIVE, SUITE 103 MIAMIE, FL 33193			Mailing Address 9210 SUNSET DRIVE, SUITE 103 MIAMIE, FL 33193		
2. Principal Place of Business 5835 Blue Lagoon Dr Suite, Apt. #, etc. #302		3. Mailing Address 5835 Blue Lagoon Dr. Suite, Apt. #, etc. #302			
City & State miami, FL		City & State miami, FL		4. FEI Number 20-2836980	
Zip 33124		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, SONNIA 9210 SUNSET DRIVE, SUITE 103 MIAMIE, FL 33193				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5835 Blue Lagoon Drive #302 City miami FL Zip Code 33124	
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  Sonnica Guerra DATE 10/9/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, SONNIA 9210 SUNSET DRIVE, SUITE 103 MIAMIE, FL 33193 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SONNIA GUERRA 5835 BLUE LAGOON DR #302 MIAMI, FL 33124 <input checked="" 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	600081390696 10/31/06--01057--010 **50.00 <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Sonnica Guerra			Date 10/9/06 Daytime Phone # 305-271-9250		