2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000114834

Entity Name: ROCH ORNAMENTALS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1711 W 38 PL UNIT #1203 HIALEAH, FL 33012	1695 W. 39 PLACE UNIT E HIALEAH, FL 33012

Current Mailing Address:	**New Mailing Address:**
1711 W 38 PL UNIT #1203 HIALEAH, FL 33012	1695 W. 39 PLACE UNIT E HIALEAH, FL 33012

FEI Number: 20-3867400   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GALECKI, IADWIGA 1711 W 38 PL UNIT #1203 HIALEAH, FL 33012 US	GALECKI, IADWIGA 1695 W. 39 PLACE UNIT E HIALEAH, FL 33012 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: IADWIGA GALECKI   10/17/2007
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	GALECKI, IADWIGA	Name:	GALECKI, IADWIGA
Address:	1711 W 38 PL UNIT #1203	Address:	1695 W. 39 PLACE UNIT E
City-St-Zip:	HIALEAH, FL 33012	City-St-Zip:	HIALEAH, FL 33012

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	SOSA, CLAUDIO	Name:	SOSA, CLAUDIO
Address:	1711 W 38 PL UNIT #1203	Address:	1695 W. 39 PLACE UNIT E
City-St-Zip:	HIALEAH, FL 33012	City-St-Zip:	HIALEAH, FL 33012

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 is true and accurate and that my electronic 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: IADWIGA GALECKI   MGR   10/17/2007
_____
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date