


**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

APPROVED
AND
FILED

08 JAN -3 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: BY OL 11-08

DOCUMENT # M71281			
1. Entity Name C AND A CORPORATION			
Principal Place of Business 10220 SW 87 ST MIAMI, FL 33173 JS		Mailing Address 10220 SW 87 ST MIAMI, FL 33173 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOHATCH, APRIL D 10220 SW 87 ST MIAMI, FL 33173		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 agree to the obligations of registered agent.			
SIGNATURE: <i>April Bohatch</i> DPS		Date: <i>Dec 1, 2007</i>	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.16(3)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHATCH, APRIL D	NAME	500113599865
STREET ADDRESS	10220 SW 87 ST	STREET ADDRESS	01/03/08--01022--006 **150.00
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 the Florida Business Record, changed, or on an attachment with an address with all other like amendments.			
SIGNATURE: <i>April Bohatch</i> DPS		Date: <i>Dec 1, 2007</i> 305 666 9249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>April Bohatch</i>			

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