2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N02000006932

Entity Name: "YO SOY EL QUE SOY" CORPORATION

Current Principal Place of Business:

1101 COLONY POINT CIR
APT 122
PEMBROKE PINES, FL 33026

New Principal Place of Business:

10091 NW 1 CT
PLANTATION, FL 33324

Current Mailing Address:

1101 COLONY POINT CIR
APT. 122
PEMBROKE PINES, FL 33026

New Mailing Address:

10091 NW 1 CT
PLANTATION, FL 33324

FEI Number: 82-0564095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORONA, MANUEL R
1101 COLONY POINT CIR
APT. 122
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

CORONA, MANUEL R
10091 NW 1 CT
PLANTATION, FL 33324 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: MANUEL CORONA 10/28/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOBO, ANTONIO
Address: 1101 COLONY POINT CIR APT 122
City-St-Zip: PEMBORKE PINES, FL 33026

Title: S ( ) Delete
Name: CORONA, FELIPE J
Address: 1101 COLONY POINT CIR APT 122
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T ( ) Delete
Name: CORONA, MANUEL R
Address: 1101 COLONY POINT CIR APT 122
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOBO, ANTONIO
Address: 10091 NW 1 CT
City-St-Zip: PLANTATION, FL 33324

Title: S (X) Change ( ) Addition
Name: VELASQUEZ, AMANDA
Address: 10091 NW 1 CT
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change ( ) Addition
Name: CORONA, MANUEL R
Address: 10091 NW 1 CT
City-St-Zip: PLANTATION, FL 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO LOBO P 10/28/2008
Electronic Signature of Signing Officer or Director — Date