

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009101

FILED  
Mar 06, 2005  
Secretary of State

Entity Name: CAMINOS DE LIBERTAD, CORP.

## Current Principal Place of Business:

660 NE 149 ST., #418  
MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

660 NE 149 ST., #418  
MIAMI, FL 33161

## New Mailing Address:

P.O. BOX 641008  
MIAMI, FL 33164

FEI Number: 43-1985607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

SALAS, LIBARDO  
660 NE 149 ST., #418  
MIAMI, FL 33161      US

## Name and Address of New Registered Agent:

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: LIBARDO SALAS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALAS, LIBARDO  
Address: 660 NE 149 ST., #418  
City-St-Zip: MIAMI, FL 33161

Title: VP ( ) Delete  
Name: SALAS, PATRICIA  
Address: 2150 NE 171ST STREET  
City-St-Zip: MIAMI BEACH, FL 33162

Title: T ( ) Delete  
Name: ORITZ, RAQUEL  
Address: 22200 SW 62ND COURT  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MONTEALEGRE, ALBERTO  
Address: P.O. BOX 641008  
City-St-Zip: MIAMI, FL 33164

Title: T (X) Change ( ) Addition  
Name: ABBOTT, ANDREA  
Address: P.O. BOX 641008  
City-St-Zip: MIAMI, FL 33164

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LIBARDO SALAS

P

03/06/2005

Electronic Signature of Signing Officer or Director

Date