2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2004
Secretary of State

DOCUMENT# N03000007783

Entity Name: LATINFEST ON FLAGLER, INC.

Current Principal Place of Business:

12189 OLD COUNTRY RD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12189 OLD COUNTRY RD.
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0211030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BERROCAL & WILKINS, P.A.
801 MAPLEWOOD DRIVE
SUITE 22-A
JUPITER, FL 33458 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: CARLOS J. BERROCAL, ESQ. 10/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONTRERAS, ELENA E
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: DUNN, CHARLES W
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: GARCIA, SILVIA C
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: JONES, MICHAEL D
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: LOFASO, ANTHONY M
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: LOFASO, ANTHONY M
Address: 12189 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CARLOS J. BERROCAL RA 10/05/2004
Electronic Signature of Signing Officer or Director Date