2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400007280

Entity Name: PROYECTO SETRA, INC.

FILED Jan 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

211 SIDONIA AVE. APT. 3 9291 SW 219TH STREET

CORAL GABLES, FL 33134 MIAMI, FL 33190

Current Mailing Address: New Mailing Address:

P.O. BOX 430332 9291 SW 219TH STREET

MIAMI, FL 33243 MIAMI, FL 33190

FEI Number: 20-1494837 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: Name and Address of New Registered Agent:

FERRAZZA, ALEJANDRA B
7715 RED ROAD APT. 3
6841 SW 76 TERR
SOUTH MANUEL 23143 LIS

SOUTH MIAMI, FL 33143 US SOUTH MIAMI, FL 33143 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: ALEJANDRA B FERRAZZA 01/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CARABALLO, LIDIA
 Name:
 CARABALLO, LIDIA

 Address:
 211 SIDONIA AVE. APT. 3
 Address:
 9291 SW 219TH STREET

 City-St-Zip:
 CORAL GABES, FL 33134
 City-St-Zip:
 MIAMI, FL 33190 US

Title: VP () Delete Title: VP (X) Change () Addition Name: FERRAZZA, ALEJANDRA B Name: FERRAZZA, ALEJANDRA B

Address: 7715 RED ROAD APT. 3 Address: 6841 SW 76 TERR

City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143 US

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: LIDIA CARABALLO P 01/20/2008