

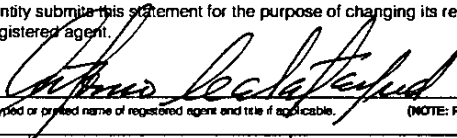
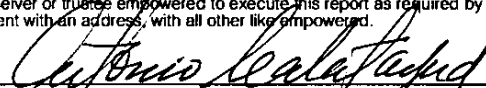


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008604				FILED	
1. Entity Name BANCO PARA LA LIBERTAD INC.				06 APR -5 AM11:30	
Principal Place of Business 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125		Mailing Address 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 2901 SW 8 ST Suite, Apt. #, etc. #205		3. Mailing Address SAME			
City & State MIAMI FLA		City & State		REINSTATEMENT 05-0	
Zip 33135		Country USA		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent CALATAYUD, ANTONIO 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125		7. Name and Address of New Registered Agent Name ADDRESS CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable) 2901 SW 8 ST #205 City MIAMI, FL Zip Code 33135		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALATAYUD, ANTONIO 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS ONLY 2901 SW 8 ST #205 MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARREIRO, BRUNO 2901 N.W. 7TH STREET, SUITE C MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUIS ALEXANDER 2901 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTAMARIA, RENE 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CARLOS CANAL 2901 SW 8 ST #205 MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINTADO, RAUL 2301 N.W. 7TH STREET, SUITE C MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS ONLY 2901 SW 8 ST #205 MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		04-03-06		Date Daytime Phone #	