


FILED
Aug 17, 2004 8:00 am
Secretary of State

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DOCUMENT # N94000003794				August 17, 2004 10:00 am Secretary of State 08-17-2004 90003 033 ****61.25	
1. Entity Name ABTIERTAS ABIERTAS, INC.		Principal Place of Business 5400 S. UNIVERSITY DR. #409 DAVIE FL 33029		Mailing Address 5400 S. UNIVERSITY DR. #409 DAVIE FL 33029	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 95-3807024 Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 9390 NW 33RD MANOR SUNRISE FL 33351		7. Name and Address of New Registered Agent Name Richard A. Luna Street Address (P.O. Box Number is Not Acceptable) 5400 S. University Drive Suite 409 City Davie FL Zip Code 33328	
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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 8-11-04					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		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 LUCIANO, JARAMILLO 5400 S. UNIVERSITY DR. #409 DAVIE FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUCIANO, JARAMILLO 5400 S. UNIVERSITY DR. #409 DAVIE FL 33029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHUT, EVERT 5400 S. UNIVERSITY DR., #409 DAVIE FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHUT, EVERT 5400 S. UNIVERSITY DR., #409 DAVIE FL 33029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUNA, RICHARD 5400 S. UNIVERSITY DR., #409 DAVIE FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUNA, RICHARD 5400 S. UNIVERSITY DR., #409 DAVIE FL 33029		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REED, RODGER 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328			TITLE NAME STREET ADDRESS CITY-ST-ZIP D REED, RODGER 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GALLARDO, MARK 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328			TITLE NAME STREET ADDRESS CITY-ST-ZIP D GALLARDO, MARK 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SOUTHERLAND, DANNY 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328			TITLE NAME STREET ADDRESS CITY-ST-ZIP D SOUTHERLAND, DANNY 5400 S. UNIVERSITY DR. #409 DAVIE FL 33328		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature]		8-11-04		954-434-4113	