2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000767

FILED Feb 24, 2007 Secretary of State

Entity Name: CENTRO DE CULTURA Y TURISMO DE PANAMA INC.

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

3213 CORD STREET 8725 DEL REY CT

TAMPA, FL 336052459 US 11 A TAMPA, FL 33617 US

Current Mailing Address: New Mailing Address:

3213 CORD STREET 8725 DEL REY CT TAMPA, FL 336052459 US 11 A

TAMPA, FL 33617 US

FEI Number: 59-3485806 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:

DOMINGUEZ, JAIME
3213 CORD STREET
TAMPA, FL 336052459 US

DOMINGUEZ, JAIME
8725 DEL REY CT
11 A
TAMPA, FL 33617 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: JAIME DOMINGUEZ 02/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 G D () Delete
 Title:
 G D (X) Change () Addition

 Name:
 DOMINGUEZ, JAIME
 Name:
 DOMINGUEZ, JAIME

 Address:
 3213 CORD STREET
 Address:
 8725 DEL REY CT APT 11 A

 City-St-Zip:
 TAMPA, FL 33605 US
 TAMPA, FL 33617 US

City-St-Zip: TAMPA, FL 33605 US

City-St-Zip: TAMPA, FL 33617 US

Title: DOF () Delete

Title: () Change () Addition

 Title:
 DOF () Delete
 Title:

 Name:
 AGUIRRE, ARGELIO E
 Name:

 Address:
 9903 MYRTLE AVE #A
 Address:

 City-St-Zip:
 TAMPA, FL 33617 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 AGUIRRE, MAGDA M
 Name:

 Address:
 9903 MYRTLE AVE #A
 Address:

 City-St-Zip:
 TAMPA, FL 33617 US
 City-St-Zip:

Title: C A () Delete Title: () Change () Addition

 Name:
 BATISTA, DELKYS
 Name:

 Address:
 3213 CORD STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIME DOMINGUEZ GD 02/24/2007