2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005514

Entity Name: NINOS HACIA EL FUTURO, INC.

FILED Mar 01, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

605 OAKS DR., #904 122 VIA MILAN TERRACE POMPANO BEACH, FL 33069 DAVIE, FL 33325 US

Current Mailing Address: New Mailing Address:

605 OAKS DR., #904 P.O. BOX 602

POMPANO BEACH, FL 33069 13762 STATE ROAD 84 DAVIE, FL 33325 US

FEI Number: 65-0950177 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:

RUIZ, ALFONSO MONIQUE TRONCONE, CPA P.A. 605 OAKS DR., #904 55 N.E. 5TH AVENUE

POMPANO BEACH, FL 33069 US SUITE 501
BOCA RATON, FL 334325500 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: MONIQUE TRONCONE 03/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: GRACIELA MARTINEZ, MARIA Name: TODD, SAMUEL

 Address:
 P.O. BOX 590111
 Address:
 4475 SOUTHERN BLVD

 City-St-Zip:
 FT. LAUDERDALE, FL 33359
 City-St-Zip:
 WEST PALM, FL 33406 US

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

 Name:
 RUIZ, ALFONSO
 Name:

 Address:
 605 OAKS DRIVE #904
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

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

 Name:
 SALAZAR, PATRICIA
 Name:

 Address:
 605 OAKS DR., #904
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 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: SAMUEL TODD PD 03/01/2007