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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**THE PUGLIESE 2000 GROUP, INC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

of

THE PUGLIESE 2000 GROUP, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

THE PUGLIESE 2000 GROUP, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating for building construction.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue SIX HUNDRED shares(600) of ONE DOLLAR(S) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>ALBERTO MIQUEL</u>
ADDRESS	<u>1695 FLORIDA MANGO ROAD STE 3</u>
CITY	<u>WEST PALM BEACH</u> <u>FLORIDA</u> <u>ZIP 33406</u>

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TALLAHASSEE, FLORIDA

The principal office, if known, or the mailing address of the corporation is:

NAME THE PUGLIESE 2000 GROUP, INC.
 ADDRESS 1695 FLORIDA MANGO ROAD STE 3
 CITY WEST PALM BEACH FLORIDA ZIP 33406

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME ALBERTO MIQUEL
 ADDRESS 1695 FLORIDA MANGO ROAD STE 3
 CITY WEST PALM BEACH FLORIDA ZIP 33406

NAME MICHAEL PUGLIESE
 ADDRESS 1487 WHITE PINES DRIVE
 CITY WELLINGTON FLORIDA ZIP 33414

NAME _____
 ADDRESS _____
 CITY _____ FLORIDA ZIP _____

NAME _____
 ADDRESS _____
 CITY _____ FLORIDA ZIP _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME ALBERTO MIQUEL
 ADDRESS 1695 FLORIDA MANGO ROAD STE 3
 CITY WEST PALM BEACH FLORIDA ZIP 33406


NAME MICHAEL PUGLIESE
 ADDRESS 1487 WHITE PINES DRIVE
 CITY WELLINGTON FLORIDA ZIP 33414

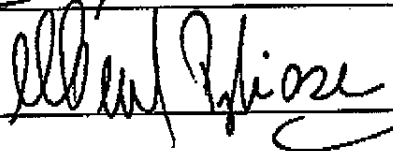
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NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

IN WITNESS WHEREOF, the undersigned and subscriber(s)
have executed these Articles of Incorporation this 4TH
DAY OF JANUARY of 1999.

 _____ (Seal)

 _____ (Seal)

_____ (Seal)

_____ (Seal)

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CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

THE PUGLIESE 2000 GROUP, INC
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At THE PUGLIESE 2000 GROUP, INC.
1695 FLORIDA MANGO ROAD STE 3
WEST PALM BEACH, FLORIDA 33606

has named ALBERTO MIQUEL

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(REGISTERED AGENT)

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