2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000051368

Entity Name: MS MANAGEMENT INTERNATIONAL CORP.

FILED Jun 13, 2007 Secretary of State

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

4400 NW 19TH AVE 6175 NW 167ST BAY F & G SUITE G-35 POMPANO BEACH, FL 33064 HIALEAH, FL 33015

Current Mailing Address: New Mailing Address:

4400 NW 19TH AVE 6175 NW 167 ST BAY F & G SUITE G-35 POMPANO BEACH, FL 33064 HIALEAH, FL 33015

FEI Number: 65-1016991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 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: LESLIE ROZENCWAIG

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition SHLESINGER, MARIO Name: Name: SHLESINGER, MARIO 2033 W. MCNAB RD., STE. H & G 6175 NW 167 ST, SUITE G-35 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: HIALEAH, FL 33015

Title: TD () Delete Title: TD (X) Change () Addition Name: SHLESINGER, EDITH Name: SHLESINGER, EDITH Address: 2033 W. MCNAB RD., STE. H & G 6175 NW 167 ST, SUITE G-35

City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO SHLESINGER PRES 06/13/2007