

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000071289

**FILED  
Oct 14, 2004  
Secretary of State**

**Entity Name:** SOUTH AMERICAN BUILDERS CORP.

**Current Principal Place of Business:**

8011 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

8011 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 65-1029672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PONCE DE LEON, NELLY  
8011 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436      US

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

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: \_\_\_\_\_

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:**

Title: P      ( ) Delete  
Name: PONCE DE LEON, NELLY  
Address: 8011 STIRRUP CAY CT  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V      ( ) Delete  
Name: PONCE DE LEON, OMAR  
Address: 8011 STIRRUP CAY CT  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OMAR PONCE DE LEON

V

10/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date