

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107829		
1. Entity Name FGR RITZ 524 CORP.		

Principal Place of Business 1390 BRICKELL AVENUE STE 200 MIAMI, FL 33131	Mailing Address 1390 BRICKELL AVENUE STE 200 MIAMI, FL 33131
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

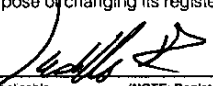
FILED
05 SEP 28 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262005 REIN-P CR2E098 (6/04)

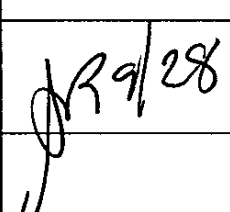
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASTILLO ALVARO B, P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 9-26-05

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ CANDIA, RAMIRO MARIA 799 CRANDON BLVD, #608 KEY BISCAVNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800060125838 10/03/05--01003--008 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ CANDIA, GONZALO MARIA 799 CRANDON BLVD, #608 KEY BISCAVNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ CANDIA, FRANCISCO M 799 CRANDON BLVD, #608 KEY BISCAVNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, ALVARO 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Alvaro Castillo**, 9-26-05 (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary