2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2004
Secretary of State

DOCUMENT# P01000014643

Entity Name: Z PERSONAL DESIGN, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE. 900
CORAL GABLES, FL 33134

New Principal Place of Business:

2000 S. BAYSHORE DRIVE
SUITE 18
MIAMI, FL 33133

Current Mailing Address:

673 27 ST
HIALEAH, FL 33013

New Mailing Address:

2000 S. BAYSHORE DRIVE
SUITE 18
MIAMI, FL 33133

FEI Number: 65-1075599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRESCOTT, ROBERT L
2121 PONCE DE LEON BLVD., STE. 900
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: ZUBIZARRETA, PETER
Address: 2121 PONCE DE LEON BLVD., STE. 900
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: DENNIS, ZUBIZARRETA
Address: 2121 PONCE DE LEON BLVD STE 900
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZUBIZARRETA, PETER
Address: 2000 S. B AYSHORE DR. #18
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change ( ) Addition
Name: TERESA, ZUBIZARRETA
Address: 2000 S. BAYSHORE DR. #18
City-St-Zip: MIAMI, FL 33133

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: PETER ZUBIZARRETA D 11/02/2004

Electronic Signature of Signing Officer or Director — Date