2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 04, 2005
Secretary of State

DOCUMENT# P01000035171

Entity Name: INVERSIONES ASA 21 CORP.

Current Principal Place of Business:

9419 FOUNTAINBLEAU BLVD. #213
MIAMI, FL 33172

New Principal Place of Business:

11222 NW 53RD LN
DORAL, FL 33178

Current Mailing Address:

9419 FOUNTAINBLEAU BLVD. #213
MIAMI, FL 33172

New Mailing Address:

11222 NW 53RD LN
DORAL, FL 33178

FEI Number: 65-1098094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALMONTE, AGUEDA
9419 FOUNTAINBLEAU BLVD. #213
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ALMONTE, AGUEDA
11222 NW 53RD LN
DORAL, FL 33178 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: AGUEDA A. ALMONTE 05/04/2005
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: ALMONTE, AGUEDA
Address: 9419 FOUNTAINBLEAU BLVD. #213
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALMONTE, AGUEDA
Address: 11222 NW 53RD LN
City-St-Zip: DORAL, FL 33178

Title: VP ( ) Change (X) Addition
Name: ALVAREZ, ALMA L
Address: 11222 NW 53RD LN
City-St-Zip: DORAL, FL 33178

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: AGUEDA A. ALMONTE P 05/04/2005
Electronic Signature of Signing Officer or Director Date