2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000050949

Entity Name: INNOVATIVE MANUFACTURING SOLUTION, INC.

FILED Dec 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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18958 NE 4 CT

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

18958 NE 4 CT

NORTH MIAMI BEACH, FL 33179

FEI Number: 02-0621122 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:

BARREDA, FABIAN M 1601 NE 191 ST APT 216 B

15790 NE 2 AV N MIAMI BCH, FL 33179 N MIAMI BCH, FL 33162 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.

BARREDA, FABIAN M

SIGNATURE: FABIAN M. BARREDA 12/07/2007

> 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: () Delete Title: (X) Change () Addition BARREDA, FABIAN M

BARREDA, FABIAN M Name: Name: 18958 NE 4 COURT 1601 NE 191 ST APT 216 B Address: Address: City-St-Zip: N MIAMI BEACH, FL 33179 City-St-Zip: N MIAMI BEACH, FL 33179

Title: VD Title: VD (X) Change () Addition () Delete

Name: BARREDA, FABIAN M Name: LOPEZ, OSCAR 18958 NE 4 COURT Address: 18958 NE 4 COURT Address: N MIAMI, FL 33129 N MIAMI, FL 33179 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: DE LA PARTE, NICOLAS Name: Address: 18958 NE 4 COURT Address: City-St-Zip: City-St-Zip: N MIAMI, FL 33179

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: FABIAN M. BARREDA Z. PD 12/07/2007