2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000067156

Entity Name: CIAU S.A., CORP.

City-St-Zip:

() Delete

() Delete

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2645 EXECUTIVE PARK DRIVE SUIE 120				19191	BOCA ISLE I			
WESTON,	FL 33331			BOCA RAT	ON, FL 3331	10 U	8	
Current Mailing Address:				New Mailing Address:				
2645 EXECUTIVE PARK DRIVE SUIE 120				CLOISTER BOCA ISLE NORTH 19191				
WESTON, FL 33331				BOCA RATON, FL 33310 US				
FEI Number:	65-1124213	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifi	cate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Re	egistered Agent:	
ARIAS, ILEANA ESQ 4725 MAIN STREET SUITE 205 WESTON, FL 33326 US				JHON ENRIQUE, HERNANDEZ G R 2002 SCHOONER LANE WESTON HILLS WESTON, FL 33327 US				
The above in the State		ubmits this statement for the pu	ırpose o	f changing it	s registered o	office or	registered agent, or both,	
SIGNATURE: JHON HERNANDEZ				01/12/2005				
	Electron	ic Signature of Registered Ager	nt				Date	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS	AND DIRECT	TORS:		ADDITION	S/CHANGES	TO OF	FICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	HERNANDEZ, JI	/E PARK DRIVE, SUITE 120		Title: Name: Address: City-St-Zip:	OLIVO AREVA	LO RAUL KE BOCA	A ISLE NORTH 19191	
Title: Name: Address: City-St-Zip:	MORALES, AUC	/E PARK DRIVE, SUITE 120		Title: Name: Address: City-St-Zip:	ANTONIETA DI	É OLIVO KE BOCA	A ISLE NORTH 19191	
Title: Name: Address:	()	Delete		Title: Name: Address:	CLAUDIA DE N	/IENDOZ	e (X) Addition A, A NORTH 19191	

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.

City-St-Zip:

D2

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

BOCA RATON, FL 33310 US

RAUL OLIVO OSORIO,

GUSTAVO OLIVO OSORIO,

() Change (X) Addition

() Change (X) Addition

CLOISTER LAKE BOCA RATON 19191 BOCA RATON, FL 33310 US

CLOISTER LAKE BOCA RATON 19191 BOCA RATON, FL 33310 US

SIGNATURE: JHON ENRIQUE HERNANDEZ GARCIA R 01/12/2005