


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000077107		
1. Entity Name DBEXPERTS, INC.		

FILED  
05 FEB 28 AM 10: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1111 BRICKELL AVENUE 11TH FLOOR MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVENUE 11TH FLOOR MIAMI, FL 33131
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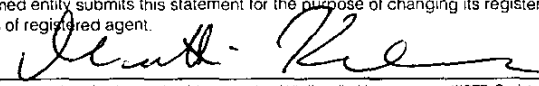
2. Principal Place of Business 6801 HARDING AVE Suite, Apt. #, etc. #412	3. Mailing Address 6801 HARDING AVE Suite, Apt. #, etc. #412
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City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33141	Zip 33141
Country	Country



4. FEI Number 65-1134560		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KALKAS, MARTTI 245 SE 1 STREET STE 311 MIAMI, FL 33131		
7. Name and Address of New Registered Agent 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.

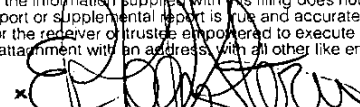
SIGNATURE  DATE 2/22/05

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME STERN, ROBERTO H STREET ADDRESS RUE PROF LUCIO MARTINA ROADRIGUES CITY-ST- ZIP 19 05651 SAO PAULO SP BRAZIL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STERN, EDUARDO H STREET ADDRESS RUE PROF LUCIO MARTINA ROADRIGUES CITY-ST- ZIP 19 05651 SAO PAULO SP BRAZIL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP PD STERN, EDUARDO H. R.D.R. ALBERTO DA SILVEIRA 18 05671 SAO PAULO SP BRAZIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP 400047874754 03/08/05--01011--013 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 2/22/05

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