


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000078601 1. Entity Name PARDI & USCANGA, INC.	
--	---

FILED
05 MAY 27 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134
--	--



2. Principal Place of Business	3. Mailing Address
Suits, Apt. #, etc.	Suits, Apt. #, etc.
City & State	City & State
Zip	Country

02222005 REIN-P CR2E000 (8/04)

4. FEI Number 67-1138276	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

**ARVESU, MANUEL M
201 ALHAMBRA CIRCLE STE 502
CORAL GABLES, FL 33134**

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: _____

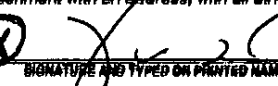
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D PARDI, JORGE <input type="checkbox"/> Delete
NAME	1155 BRICKELL BAY DR UNIT 909
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE	D USCANGA, ISELA <input type="checkbox"/> Delete
NAME	1155 BRICKELL BAY DR, UNIT 909
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500055709945
CITY-ST-ZIP	06/03/05--01026--012 **900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:  **Jorge Pardi** DATE: **4/18/2005** DAYTIME PHONE #: **452-55-5290622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR