

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN -9 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06



05152006 REIN-P CR2E098 (11/05)

4. FEI Number
27-0020013

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRMINO, RICCARDO G
1550 SOUTH DIXIE HIGHWAY STE.202
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name Teresita Valls
Street Address (P.O. Box Number is Not Acceptable) 1550 S. Dixie Hwy Ste 202
City Coral Gables FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FIRMINO, RICCARDO G	
STREET ADDRESS	1550 SOUTH DIXIE HIGHWAY STE.202	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALLS, TERESITA	
STREET ADDRESS	1550 SOUTH DIXIE HIGHWAY STE.202	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
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	100076280171
CITY-ST-ZIP	06/20/06--01019--014 **\$900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100076280171
CITY-ST-ZIP	06/20/06--01019--015 **\$8.75
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/06 305.663.1628

Date

Daytime Phone #