2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P02000024560

Entity Name: ALL COLORS, INC.

Current Principal Place of Business:

15435 SOUTHWEST 36TH TERRACE
MIAMI, FL 33185

New Principal Place of Business:

15435 SW 36TH TERRACE
MIAMI, FL 33185

Current Mailing Address:

15435 SOUTHWEST 36TH TERRACE
MIAMI, FL 33185

New Mailing Address:

15435 SW 36TH TERRACE
MIAMI, FL 33185

FEI Number: 02-0562786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMADOR, ONAN
15435 SW 36TH TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ONAN AMADOR

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:

Title: PTD ( ) Delete
Name: AMADOR, ONAN
Address: 15435 SOUTHWEST 36TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: SVD ( ) Delete
Name: AMADOR, YOLANY
Address: 15435 SOUTHWEST 36TH TERRACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: AMADOR, ONAN
Address: 15435 SW 36TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: SVD (X) Change ( ) Addition
Name: AMADOR, YOLANY
Address: 15435 SW 36TH TERRACE
City-St-Zip: MIAMI, FL 33185

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.

SIGNATURE: ONAN AMADOR PD 10/10/2005

Electronic Signature of Signing Officer or Director — Date