2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000028997

City-St-Zip:

FILED Aug 22, 2005 Secretary of State

Entity Nam	ne: BANDDII	MPORT EXPORT, INC.			•	
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	WERLINE ROA BCH, FL 3306					
Current Mailing Address:			New Mailii	New Mailing Address:		
1150 S. POWERLINE ROAD POMPANO BCH, FL 33069				1150 SOUTH POWERLINE ROAD POMPANO BCH, FL 33069		
FEI Number:	03-0416949	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
100 E SAM	MARIO D ESQ. PLE STE 320 BCH, FL 3306					
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered off	ice or registered agent, or both,	
SIGNATUR	E: MARITZA I	DEL NARDO				
	Electronic	Signature of Registered Agen	t	Date		
		2)(b), F.S., the corporation did not i Trust Fund Contribution ().	eceive the prior notice	э.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () [DEL NARDO, MA 1150 S. POWER POMPANO BEAC	LINE ROAD	Title: Name: Address: City-St-Zip:	P (X) 0 DEL NARDO, MA 1150 S. POWER POMPANO BEAC	LINE ROAD	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	V ()C BALLOCCHI, JUA 1150 SOUTH PO POMPANO BEAC	WERLINE RD	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () C SGANGA, PIERC 1150 SOUTH PO POMPANO BEAC	WERLINE RD	
Title: Name:	1()	Delete	Title: Name:	D ()C		

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:

SIGNATURE: MARITZA DEL NARDO P 08/22/2005

POMPANO BEACH, FL 33069