2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000029195

Entity Name: ALEJANDRO MENDOZA CORPORATION

FILED Oct 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7235 S.W. 23RD ROAD 9370 SW 183 TERRACE MIAMI, FL 33155 PALMETTO BAY, FL 33157

Current Mailing Address: New Mailing Address:

7235 S.W. 23RD ROAD 9370 SW 183 TERRACE MIAMI, FL 33155 PALMETTO BAY, FL 33157

FEI Number: 01-0606126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDOZA, STELLAMARIS MENDOZA, ALEJANDRO 7235 S.W. 23RD ROAD 9370 SW 183 TERRACE MIAMI, FL 33155 PALMETTO BAY, FL 33157 US

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: ALEJANDRO MENDOZA 10/11/2007

> 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: () Delete MENDOZA, ALEJANDRO Name: 7235 S.W. 23RD ROAD Address:

City-St-Zip: MIAMI, FL 33155

() Delete Title: Name: MENDOZA, STELLAMARIS 7235 S.W. 23RD ROAD Address: MIAMI, FL 33155 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

MENDOZA, ALEJANDRO Name: Address: 9370 SW 183 TERRACE City-St-Zip: PALMETTO BAY, FL 33157

Title: VΡ (X) Change () Addition

Name: CACERES, MARIA Address: 9370 SW 183 TERRACE PALMETTO BAY, FL 33157 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEJANDRO MENDOZA PD 10/11/2007