2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2006
Secretary of State

DOCUMENT# P02000032657

Entity Name: BACKGROUND CHECKS SYSTEMS, INC.

Current Principal Place of Business:

1172 SOUTH DIXIE HWY
SUITE 257
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1172 SOUTH DIXIE HWY
SUITE 257
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 75-3031148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: JOE GONZALEZ

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: P ( ) Delete
Name: GONZALEZ, JOE R JR
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete
Name: GONZALEZ, LISA M
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: GONZALEZ, LAUREN C
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: GONZALEZ, JOSEPH
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

Title: S/T ( ) Delete
Name: GONZALEZ, ELSA F
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: GONZALEZ, ALEXANDRA C
Address: 1172 SOUTH DIXIE HWY-STE 257
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE GONZALEZ PR 11/04/2006

Electronic Signature of Signing Officer or Director — Date