


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED
04 NOV 12 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--------------------------------------|--|---|
| DOCUMENT # P02000044800 | |  |
| 1. Entity Name SPOILERS USA, INC. | | |

| | |
|--|--|
| Principal Place of Business 12515 N KENDALL DR. #326 MIAMI, FL 33186 | Mailing Address 12515 N KENDALL DR. #326 MIAMI, FL 33186 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 311 LAKE CREST COURT Suite, Apt. #, etc. | 3. Mailing Address 311 LAKE CREST COURT Suite, Apt. #, etc. |
|---|---|

| | |
|---------------------------------|---------------------------------|
| City & State Weston, Florida | City & State Weston, Florida |
| Zip 33326 | Country USA |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent MONCADA, ENRIQUE A SR. 311 LAKE CREST CT. WESTON, FL 33326 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

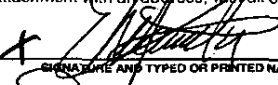
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005 Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONCADA, ENRIQUE A SR. 311 LAKE CREST COURT FORT LAUDERDALE, FL 33326 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100042871151 11/18/04--01050--017 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE Daytime Phone #