


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000055320		
1. Entity Name RETOUCHERIE DE MANUELA USA, INC.		

Principal Place of Business 1561 SUNSET DR. CORAL GABLES, FL 33143	Mailing Address 1561 SUNSET DR. CORAL GABLES, FL 33143
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2. Principal Place of Business 9573 NW 41 ST STREET Suite, Apt. #, etc.	3. Mailing Address 9573 NW 41 ST STREET Suite, Apt. #, etc.
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City & State MIAMI FLORIDA Zip 33178	Country	City & State MIAMI FLORIDA Zip 33178	Country
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07072006 REIN-P CR2E098(11/06) 05-66

4. FEI Number 02-0646790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name DANIEL CARDENAS Street Address (P.O. Box Number is Not Acceptable) 1901 BRICKELL AV. # B-501 City MIAMI FL Zip Code 33129	
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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 Daniel Cardenas - President DATE 7/12/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDENAS, DANIEL 1901 BRICKELL AVENUE #B-501 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500077788355 07/20/06--01058--010 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRILLO, OSWALDO 1561 SUNSET DR. CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$32/20
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Daniel Cardenas DATE 7/12/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
06 JUL 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(305) 593-2134