2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# P02000055425

Entity Name: THE ORIGINAL CREATORS MIAMI, INC.

Current Principal Place of Business:

12801 W. SUNRISE BLVD
ANCHOR D
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12801 W. SUNRISE BLVD
ANCHOR D
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 11-3679890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORNELL, DAVID D
12801 W. SUNRISE BLVD
ANCHOR D
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

ROTH, CHRISTINE
12801 W. SUNRISE BLVD
ANCHOR D
SUNRISE, FL 33323 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: CHRISTINE ROTH 09/21/2007
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: CODP ( ) Delete
Name: AZIZ-CHECA, RENE
Address: PRADO NORTE NO. 145-A
City-St-Zip: MEXICO, D.F., MEXICO, 11000

Title: D ( ) Delete
Name: SOBERON-KURI, ALEJANDRO
Address: AV PALMAS NO 1005
City-St-Zip: MEXICO, D.F., MEXICO, 11000

Title: D ( ) Delete
Name: GONZALEZ-CALVILLO, RODRIGO
Address: AV PALMAS NO 1005
City-St-Zip: MEXICO, D.F., MEXICO, 11000

Title: DFS ( ) Delete
Name: MURILLO-VEGA, VICTOR
Address: AV PALMAS NO 1005
City-St-Zip: MEXICO, D.F., MEXICO, 11000

Title: D ( ) Delete
Name: ZEVADA-COARASA, JAIME
Address: AV PALMAS NO 1005
City-St-Zip: MEXICO, D.F., MEXICO, 11000

Title: D ( ) Delete
Name: SANTOYO, LUIS JAVIER
Address: PRADO NORTE NO. 145-A
City-St-Zip: MEXICO, D.F., MEXICO, 11000

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 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: CHRISTINE ROTH CFO 09/21/2007
Electronic Signature of Signing Officer or Director Date