2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			The I have been	
DOCUMENT # P02000064652			FILED	
1. Entity Name MADE GROUP I, CORP			05 APR 26	
Principal Place of Business	Mailing Address		LLAHASSEI	OF STATE
5524 NW 112 PLACE MIAMI, FL 33178	5524 NW 112 PLACE Miami, FL 33178			FLURIDA
2. Principal Place of Business 21200 N.E. 38 Aud Suite. Apt. #, etc.	ONE 38 AUD P.O. BOX 347996			
404			03282005 REIN-P	CR2E098 (6/04)
Aventura Fl	Coral Gal		4. FEI Number 01-0716115	Applied For Not Applicable
33/8 Country 0 S	Zip 33234	Country	Certificate of Status Desired Name and Address of New	\$8.75 Additional Fee Required
	DED ESCOTO	5 5		
ESPEJO, LUZ 5524 NW 112 PLACE Street Address (F			(P.O. Box Number is Not Acceptab	21200 NE
MIAMI, FL 33178	Apto # 404			
City Puentura Floodo FL 33180				
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				
FILE NOW!!! FEE IS \$900.00				
10. OFFICERS AN	D DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11 Change Addition
NAME ESPEJO, LUZ SIREET ADDRESS 5524 NW 112 PLACE CITY-ST-ZIP MIAMI, FL 33178	LI OUNC	NAME STREET ADDRESS CITY-ST-ZIP	500054 05/10/05—01046	_
TITLE VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME MOLINA, DIANA STREET ADDRESS 5524 NW 112 PLACE CITY-ST-ZIP MIAMI, FL 33178		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-SF-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		. –
TITLE	☐ Defete	TITLE		-E Changé Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	TATERENT	
TITLE NAME	· Delete	TITLE NAME		Change Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP THILE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY+ST-ZIP		2,
12. I hereby certify that the information supplied with this filling 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: My Policie Espain 04/20/05				
SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Described Prond of				

Department Of State Division of Corporations P.O. Box 6327 Tallahassee, Fl., 32314

Re: Made Group 1, Corp

Document # P-02000064652

To Whom It May Concern:

We moved our office from 5524 NW 11Pl, Miami, Fl., 33178 on June 2003, according with our accountant he notified the new address, but we don't received any document from your department. I was not aware that the annual report was not mailed.

Today checking my corporation in internet is the first time that I had acknowledgment. That our accountant don't sent the annual report.

Please accept our apologize for this incident and not penalize me for this mistake.

I am sending the check in the amount of \$ 300.00 for 2004 and 2005.

Thank you,

Luz Espejo President