## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000075482

FILED Apr 19, 2005 Secretary of State

Entity Name: M.L.T. TRANSFER INC	
Current Principal Place of Business:	New Principal Place of Business:
7347 NW 36 AVE MIAMI, FL 33147	1800 NW 96 AVENUE MIAMI, FL 33172
Current Mailing Address:	New Mailing Address:
7347 NW 36 AVE MIAMI, FL 33147	815 N. HOMESTEAD BLVD. # 403 HOMESTEAD, FL 33033
FEI Number: 32-0023457 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
POMARES, ORLANDO 28125 SW 159 PLACE HOMESTEAD, FL 33033 US	POMARES, ORLANDO SR. 28125 SW 159 PLACE HOMESTEAD, FL 33033 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ORLANDO POMARES SR.	04/19/2005
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:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PTD () Delete Name: POMARES, ORLANDO SR Address: 7347 NW 36 AVE City-St-Zip: MIAMI, FL 33147	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         VSD () Delete           Name:         POMARES, CHRISTIAN N           Address:         28125 SW 159 PLACE           City-St-Zip:         HOMESTEAD, FL 33033	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 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 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: ORLANDO POMARES SR. PTD 04/19/2005