
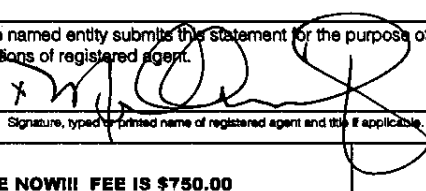


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000096142 1. Entity Name WESTON INVESTMENT GROUP, INC.						FILED 04 NOV 16 AM 9:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1300 BRICKELL AVE MIAMI, FL 33131				Mailing Address 1300 BRICKELL AVE MIAMI, FL 33131			
2. Principal Place of Business c/o CARLOS CARABALLO Suite, Apt. #, etc.				3. Mailing Address c/o CARLOS CARABALLO Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 150 ALHAMBRA CIR, STE 1270 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number Temp: 20-1792731			
SIGNATURE: 				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Signature, typed or printed name of registered agent and title if applicable.				DATE: 10/25/04			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEFORTUNA, EDGARDO 1300 BRICKELL AVE MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042782836 11/16/04--01047--017 **758.75		
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		
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 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: 10/25/04 (305) 351-1000			
Signature and typed or printed name of signing officer or director				Daytime Phone #			