2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 31, 2005
Secretary of State

DOCUMENT# P02000118195

Entity Name: MIAMI LAKES SPECIALISTS, INC.

Current Principal Place of Business:

6447 MIAMI LAKES DR E STE 225
MIAMI LAKES, FL 33014

New Principal Place of Business:

4995 NW 72ND AVE
SUITE: 204
MIAMI, FL 33166 US

Current Mailing Address:

6447 MIAMI LAKES DR E STE 225
MIAMI LAKES, FL 33014

New Mailing Address:

4995 NW 72ND AVE
SUITE: 204
MIAMI, FL 33166 US

FEI Number: 01-0750938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASSI, FELIPE
19252 NW 88 PL
MIAMI, FL 33018 US

Name and Address of New Registered Agent:

BASSI, FELIPE
4995 NW 72ND AVE
SUITE: 204
MIAMI, FL 33166 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: FELIPE BASSI 08/31/2005
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:

Title: PV ( ) Delete
Name: BASSI, FELIPE
Address: 19252 NW 88 PL
City-St-Zip: MIAMI, FL 33018

Title: VP (X) Delete
Name: MORILLO, EMILIANO
Address: 6447 MIAMI LAKES DRIVE SUITE 211
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VELLOJINE, GUSTAVO
Address: 4995 NW 72ND AVE SUITE: 204
City-St-Zip: MIAMI, FL 33166 US

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: GUSTAVO VELLOJINE PD 08/31/2005
Electronic Signature of Signing Officer or Director Date