2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2004
Secretary of State

DOCUMENT# P02000122929

Entity Name: CASA DE PONQUES PALERMO INTERNATIONAL, CORP.

Current Principal Place of Business:

6001 NW 153 ST SUITE 202
MIAMI LAKES, FL 33014

New Principal Place of Business:

1900 NW 79 AVENUE
MIAMI, FL 33126

Current Mailing Address:

6001 NW 153 ST SUITE 202
MIAMI LAKES, FL 33014

New Mailing Address:

1900 NW 79 AVENUE
MIAMI, FL 33126

FEI Number: 20-1856900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, JOSE IGNACIO
6001 NW 153 ST SUITE 202
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

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: PD ( ) Delete
Name: CARDENAS, JOSE IGNACIO
Address: 6001 NW 153 ST SUITE 202
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete
Name: CARDENAS, HELBERTH
Address: 6001 NW 153 ST SUITE 202
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete
Name: CARDENAS, MIGUEL A
Address: 6001 NW 153 ST SUITE 202
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD ( ) Delete
Name: SANABRIA, JAIME
Address: 6001 NW 153 ST SUITE 202
City-St-Zip: MIAMI LAKES, FL 33014

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:

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: JAIME SANABRIA TD 11/09/2004

Electronic Signature of Signing Officer or Director — Date