## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000127441

Entity Name: WIZARD RETRACTABLE SCREENS, INC.

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

17911 SW 134 CT. 9801 SW 2ND STREET MIAMI, FL 33177 9LANTATION, FL 33324

Current Mailing Address: New Mailing Address:

17911 SW 134 CT. 9801 SW 2ND STREET MIAMI, FL 33177 9LANTATION, FL 33324

FEI Number: 81-0583597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPARACINO, SABRINA
17911 SW 134 CT
MIAMI, FL 33177 US
SPARACINO, SABRINA
9801 SW 2ND STREET
PLANTATION, FL 33324 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: SABRINA SPARACINO 02/10/2005

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: DP ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SPARACINO, SABRINA
 Name:
 SPARACINO, SABRINA

 Address:
 17911 SW 134 CT.
 Address:
 9801 SW 2ND STREET

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 PLANTATION, FL 33324

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SPARACINO, JOSEPH
 Name:

 Address:
 17911 SW 134 CT.
 Address:

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:

Title: DT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LAMAN, PAULINE
 Name:

 Address:
 14819 SW 108 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33196
 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: SABRINA SPARACINO PD 02/10/2005