2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000134640

Entity Name: TABACALERA J.E.M. CORP.

FILED Oct 27, 2004 Secretary of State

Littly Nan	ie. TABACAL	ERA J.E.IVI. CORF.			
Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
6993 N.W. BAY #18					
MIAMI, FL	33166				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
6993 N.W. 82TH AVE. BAY #18 MIAMI, FL 33166			2118 WEST 62 ST MIAMI, FL 33016	2118 WEST 62 STREET MIAMI, FL 33016	
FEI Number:	02-0664028	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GOMEZ, EDEL 6993 N.W. 82TH AVE. BAY #18 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:					
Electronic Signature of Registered Agent			nt	 Date	
Election Cam	e with s. 607.193	(2)(b), F.S., the corporation did not Trust Fund Contribution().	receive the prior notice.	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GOMEZ, EDEL	Delete ID STREET APT. 333 012	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () GOMEZ, JOEL 12745 SW 72ND MIAMI, FL 3317		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () PALACIOS, MAR 1550 N.W. 122N NORTH MIAMI, F	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EDEL GOMEZ PD 10/27/2004