2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# P03000012225

Entity Name: FLAVORS OF SPAIN, INC.

Current Principal Place of Business:

4400 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4400 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 16-1656488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, JOHN S ESQ.
1501 NORTHEAST FOURTH AVENUE
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

FERNANDEZ, PABLO A
21964 CRICKLEWOOD TERRACE
BOCA RATON, FL 33428 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: PABLO A. FERNANDEZ 09/07/2005
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: PD ( ) Delete
Name: FERNANDEZ, PABLO
Address: 4400 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA ROATON, FL 33431

Title: VPD ( ) Delete
Name: FERNANDEZ, CARLOS
Address: 121 KINGSTON BOULEVARD
City-St-Zip: ISLAND PARK, NY 11558

Title: SD ( ) Delete
Name: RABELO, WELINTON A
Address: 4400 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

Title: TD (X) Delete
Name: PALOMINO, TOMMY
Address: 4400 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition
Name: FERNANDEZ, PABLO I
Address: 741 MILL VALLEY PALCE
City-St-Zip: WEST PALM BEACH, FL 33431

Title: VP,D (X) Change ( ) Addition
Name: FERNANDEZ, PABLO A
Address: 21964 CRICKLEWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33428

Title: VP,D (X) Change ( ) Addition
Name: PALOMINO, TOMMY
Address: 4400 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

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: PABLO A. FERNANDEZ D,VP 09/07/2005
Electronic Signature of Signing Officer or Director Date