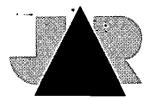
2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026638 1. Entity Name PREMIER AMERICAN CONNECTIONS, INC.							FILED		
PREMIER	CAN CONNECTION	NC.)	05 JAN 27 AM 10: 10			
Principal Place of Business 10135 SW 60 ST MIAMI, FL 33173			Mailing Address 10135 SW 60 ST MIAMI, FL 33173				_ 	SECKETARY OF STATE TALL AHASSEL, FLORIDA 19.0069 & 150.00	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				PINE	THEN 2 CR2E098 (6/04) OU-U	
City & State			City & State				4. FEI Numb	Applied For Not Applicable	
Zip	Zip Country		Zip		Cour	ntry ·	5. Certificate	e of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent			
DELLO						Name			
BELLO, MIGUEL A 10135 SW 60 ST MIAMI, FL 33173				•	Street Address (P.O. Box Number is Not Acceptable)				
		_	_			City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signative: Would or philied name of registrored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE									
FII	LE NOW!!	I FEE IS \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					11.		ADDITIONS	/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	55146 141614				TiTL				
NAME STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·				MAM	ET ADORESS	02/0	1 00046013469	
CITY-ST-ZIP						-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Delete		E		☐ Change ☐ Addition	
NAME '						E			
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TITLE	□ Dele				TILE			☐ Change ☐ Addition	
NAME						E		_ change _ reaction	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	. 		
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CITY-ST-ZIP		***************************************				-ST-ZIP			
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NAME CTOSET ADDRESS					NAM	- 1			
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address_with all other like empowered.									
SIGNATURE: / Neginer 1/19/05									
	2	SIGNATURE AND TYPED OR P	RINTED I	NAME OF SIGNING OFFICER	OR DIREC	ror		Date Daytime Phone #	



JORGE A. RODRIGUEZ & ASSOCIATES, P.A.

Certified Public Accountants & Business Consultants

January 18, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Premier American Connections, Inc. 10135 SW 60 St. Miami, FL 33173

Dear sir/madam:

Enclosed please find the 2005 For Profit Corporation Annual Report Reinstatement Form for our client, Premier American Connections, Inc. Our client originally filed the annual report in a timely manner but did not include an **original** signature.

Upon contacting the Department of State on Tuesday January 18, 2005 it was discovered that the client never received the original reinstatement package returned by the Department of State requesting signature. Therefore, based on the advice of the Department of State, we are resubmitting the Annual Report with a copy of the cancelled check as proof of payment.

Also, we are enclosing \$150 payment for the 2005 Annual Report. If you have any further questions, please contact our offices at (305) 595-1783 x. 267.

Sincerely,

Jorge A. Rodriguez, CPA

J.A. Rodriguez, CPA & Associates, P.A.