

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030636

1. Entity Name
CIELO TRADING, CORP.



FILED

04 NOV -9 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2315 NW 107 AVE STE M-41
MIAMI, FL 33172

Mailing Address
2315 NW 107 AVE STE M-41
MIAMI, FL 33172

10222004 REIN-P CR2E098 (6/04)

2. Principal Place of Business
1363 NW 133 AVE
Suite, Apt. #, etc.

3. Mailing Address
1363 NW 133 AVE
Suite, Apt. #, etc.

City & State
Pembroke Pines FL
Zip
33028
Country
USA

City & State
Pembroke Pines FL
Zip
33028
Country
USA

4. FEI Number
65-1179139
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CIELO
2315 NW 107 AVE STE M-41
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Cielo Diaz
Street Address (P.O. Box Number is Not Acceptable)
1363 NW 133 AVE
City
Pembroke Pines FL Zip Code
33028

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

Cielo Diaz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, CIELO 2315 NW 107 AVE STE M-41 MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ DIAZ 1363 NW 133 AVE Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHENICO RUIZ 1363 NW 133 AVE Pembroke Pines FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042610978 11/09/04--01090--002 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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:

Cielo Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-04

Date

786-299-4049

Daytime Phone #