



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034502 1. Entity Name 4 STARS VARIETY PRODUCTS, INC.						FILED 06 APR -7 AM 9:09 CLERK OF THE COURT JUDICIAL CIRCUIT IN AND FOR FLORIDA	
Principal Place of Business 2490 HURON CIRCLE KISSIMMEE, FL 34746				Mailing Address 2490 HURON CIRCLE KISSIMMEE, FL 34746			
2. Principal Place of Business 2422 HURON CIR. Suite, Apt. #, etc.		3. Mailing Address 2422 HURON CIR. Suite, Apt. #, etc.					
City & State KISSIMMEE, FL.		City & State KISSIMMEE, FL		4. FEE Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
Zip 34746		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGANDO, ENRIQUE 2490 HURON CIRCLE KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2422 HURON CIR. City KISSIMMEE FL Zip Code 34746			
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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	D OGANDO, ENRIQUE 2490 HURON CIRCLE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2422 HURON CIR KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 exemptions contained in Chapter 119, 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/3/06 (321) 284-7090 Date Daytime Phone #			

April 3, 2005

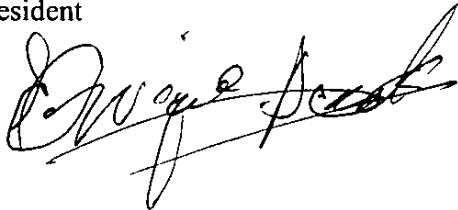
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of \$300.00 and the reinstatement form for 4 Stars Variety Products, Inc." Doc# P03000034205. Per telephone conversation with you earlier, this will cover the amount due to restore our corporation with the state. Please accept our apologies for the delay it seems that because we had moved and we did not get the papers to renew our corporation previously. Much to our surprise we had our company inactive. Please accept this check for the renewal of the 2005 & 2006 annual report. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,

Enrique Ogando
4 Stars Variety Products, Inc.
President

A handwritten signature in black ink, appearing to read 'Enrique Ogando', written over a horizontal line.