

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


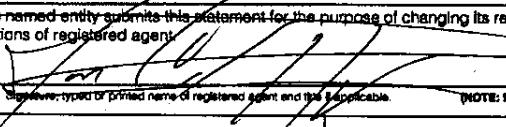
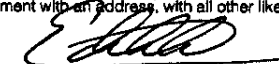
04 NOV 29 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/05/04 01052-009 75875



11232004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000035086</b>					
1. Entity Name SOUTH FLORIDA INTERNATIONAL ENTERPRISES INC.					
Principal Place of Business 1300 BRICKELL AVE. MIAMI, FL 33131			Mailing Address 1300 BRICKELL AVE. MIAMI, FL 33131		
2. Principal Place of Business c/o Santiago Steed			3. Mailing Address c/o Santiago Steed		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-17 87688	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A ESQ. 150 ALHAMBRA CIR., SUITE 1270 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street Suite 2900 City MIAMI FL Zip Code 33131		
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: 			JOSE RODRIGUEZ 11/24/04 DATE		
<p>FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00</p>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IMERY, EDUARDO		NAME		
STREET ADDRESS	1300 BRICKELL AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IMERY, EDUARDO R		NAME		
STREET ADDRESS	1300 BRICKELL AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IMERY, ANDREINA		NAME		
STREET ADDRESS	1300 BRICKELL AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Eduardo R. Imery 11/24/04 Date Daytime Phone #		

305-674-5580