2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000036318

Entity Name: CEDENO'S BROTHERS CORP.

FILED Feb 22, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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15455 SW 75 CIRCLE LANE 30070 SOUTH DIXIE HWY APT. 209 HOMESTEAD, FL 33033

MIAMI, FL 33193 US

Current Mailing Address: New Mailing Address:

15455 SW 75 CIRCLE LANE 30070 SOUTH DIXIE HWY APT. 209 HOMESTEAD, FL 33033 US MIAMI, FL 33193 US

FEI Number: 90-0142950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301 US

CEDENO, PIERRE E PRES
30070 SOUTH DIXIE HWY
HOMESTEAD, FL 33033 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: PIERRE CEDENO 02/22/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: () Delete Title: (X) Change () Addition CEDENO, PIERRE CEDENO, PIERRE E PRES Name: Name: P.O. BOX 835524 30070 SOUTH DIXIE HWY Address: Address: City-St-Zip: MIAMI, FL 33283 US City-St-Zip: HOMESTEAD, FL 33033 US

 Name:
 CEDENO, MARIO GIOVANNI
 Name:

 Address:
 P.O. BOX 835524
 Address:

 City-St-Zip:
 MIAMI, FL 33283 US
 City-St-Zip:

 Name:
 CEDENO, FANNY SUSSMANN
 Name:

 Address:
 P.O. BOX 835524
 Address:

 City-St-Zip:
 MIAMI, FL 33283 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CEDENO, LUIS IGNACIO
 Name:

 Address:
 P.O. BOX 835524
 Address:

 City-St-Zip:
 MIAMI, FL 33283 US
 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: PIERRE CEDENO PRES 02/22/2005