



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000038885		
1. Entity Name OTURA INVESTMENTS, INC.		

Principal Place of Business 1401 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134	Mailing Address 1401 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134
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2. Principal Place of Business 12973 SW 112 Street	3. Mailing Address c/o 10300 Sunset Drive
Suite, Apt. #, etc. #135	Suite, Apt. #, etc. Suite 400
City & State Miami, Florida	City & State Miami, Florida
Zip 33186	Country USA

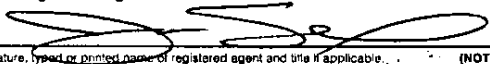
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05 MAR 14 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 64-08
03032085 REIN-P CH2E088 (6/04)
4. FEI Number
68-0555893

6. Name and Address of Current Registered Agent BLANCO, JORGE E 1401 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Jesus Salas Street Address (P.O. Box Number is Not Acceptable) 12973 SW 112 Street, #135 City Miami FL Zip Code 33186	
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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 3.3.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, JESUS 12973 S.W. 112 ST., #135 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900048848309 03/22/05--01027--019 **900.00 <input 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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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: x  x 3.3.05 x 786.319.8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #