

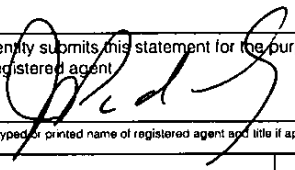
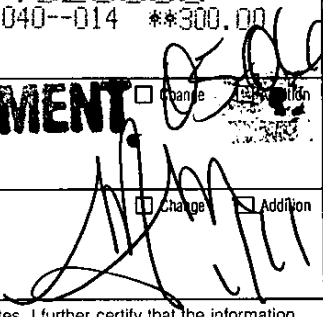
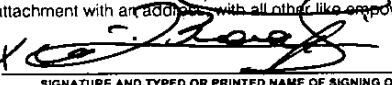


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000050654</b> 1. Entity Name <b>KALUDI, INC.</b>				<b>FILED</b>  06 JAN 10 PM 4:27  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <del>201 ALHAMBRA CIRCLE</del> <del>SUITE 502</del> <del>CORAL GABLES, FL 33134</del>		Mailing Address <b>201 ALHAMBRA CIRCLE</b> <b>SUITE 502</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business <b>2600 S. Douglas Rd.</b> Suite, Apt. #, etc. <b>PH 6</b>		3. Mailing Address <b>2600 S. Douglas Rd.</b> Suite, Apt. #, etc. <b>PH 6</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>			
Zip <b>33134</b> Country <b>US</b>		Zip <b>33134</b> Country <b>US</b>		4. FEI Number <b>27-0064249</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARVESU, MANUEL M ESQ.</b> <b>201 ALHAMBRA CIRCLE</b> <b>SUITE 502</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Jose I. Padial, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 S. Douglas Rd.</b> <b>PH 6</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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  <b>Jose I. Padial</b> DATE <b>1-4-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				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	PD <b>ARVESU, MANUEL M</b> <b>201 ALHAMBRA CIRCLE SUITE 502</b> <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cataldo Baglio</b> <b>2600 S. Douglas Rd. PH 6</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ravi Baglio</b> <b>2600 S. Douglas Rd. PH 6</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lucia Baglio</b> <b>2600 S. Douglas Rd. PH 6</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5000645208-33</b> <b>01/25/06--01040--014 ***300.00</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			<b>Cataldo Baglio</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/5/06</b> Daytime Phone # <b>305-443-8010</b>		