


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000065649 1. Entity Name EL PODEROSO, CORP.			FILED 07 NOV 21 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																																				
Principal Place of Business 2650 NW 285 MIAMI, FL 33142		Mailing Address 2650 NW 285 MIAMI, FL 33142																																																																																																																																					
2. Principal Place of Business - No P.O. Box # 2650 NW 285 Suite, Apt. #, etc. 903 City & State Miami Zip 33142 Country FL	3. Mailing Address 2650 NW 285 #903 Suite, Apt. #, etc. Miami City & State FL 33142 Zip 33142 Country FL	4. FEI Number 20-0158886 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent LOPEZ, OSCAR 2650 NW 28 ST #903 MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																					
10. 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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: <u>OSCAR C. LOPEZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>11-10-07</u> Date Daytime Phone #																																																																																																																																					