2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000073613

Entity Name: ACHE STUDIOS CORPORATION

FILED Jun 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9550 N.W. 79TH AVE, BAY: 18 HIALEAH GARDENS, FL 33016

Current Mailing Address: New Mailing Address:

9550 N.W. 79TH AVE, BAY: 18 HIALEAH GARDENS, FL 33016

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GONZALEZ, CARLOS M
9550 N.W. 79TH AVE, BAY: 18
HIALEAH GARDENS, FL 33016 US
PICHACO, OSVALDO
9550 N.W. 79TH AVE, BAY: 18
HIALEAH GARDENS, FL 33016 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: OSVALDO PICHACO 06/17/2005

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:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SEIJAS, ERNESTO
 Name:
 PICHACO, OSVALDO

 Address:
 9550 N.W. 79TH AVE, BAY: 18
 Address:
 9550 N.W. 79TH AVE, BAY: 18

 City-St-Zip:
 HIALEAH GARDENS, FL 33016
 City-St-Zip:
 HIALEAH GARDENS, FL 33016

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

 Name:
 GONZALEZ, CARLOS M
 Name:

 Address:
 9550 N.W. 79TH AVE, BAY: 18
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 33016
 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: OSVALDO PICHACO PD 06/17/2005