

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000079624

Entity Name: FIALLO HOLDINGS, INC.

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

12699 HEADWATER CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

12699 HEADWATER CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE: 305-A
CORAL GABLES, FL 33134 US

New Mailing Address:

717 PONCE DE LEON BLVD
SUITE: 305-A
CORAL GABLES, FL 33134 US

FEI Number: 55-0841409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIALLO, PEDRO L
12699 HEADWATER CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: PEDRO L. FIALLO

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:

Title: D () Delete
Name: FIALLO, PEDRO L
Address: 12699 HEADWATER CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: FIALLO, MARIA C
Address: 12699 HEADWATER CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIALLO, MARIA E
Address: 717 PONCE DE LEON BLVD SUITE: 305-A
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARIA E. FIALLO

PD

05/31/2006

Electronic Signature of Signing Officer or Director

Date