

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000106774

Entity Name: E-TRAVELEADERS, INC.

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

3155 N.W. 82ND AVENUE
SUITE 200
MIAMI, FL 33122

Current Mailing Address:

1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

3155 N.W. 82ND AVENUE
SUITE 200
MIAMI, FL 33122

FEI Number: 20-0257092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEELOR, RICHARD
1701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAFALOWICZ, BORYS B
3155 N.W. 82ND AVENUE
SUITE 200
MIAMI, FL 33122 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: BORYS B. RAFALOWICZ

10/10/2005

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:

Title: CTS () Delete
Name: RAFALOWICZ, BORYS B
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: CEO () Delete
Name: RAFALOWICZ, BORYS B
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

Title: DP () Delete
Name: KEELOR, RICHARD H
Address: 1701 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: NISHIWAKI, NICK
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPTS (X) Change () Addition
Name: RAFALOWICZ, BORYS B
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

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

Title: D (X) Change () Addition
Name: NISHIWAKI, NICK
Address: 3155 NW 82ND AVE, SUITE 200
City-St-Zip: MIAMI, FL 33122

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 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: BORYS B. RAFALOWICZ

CPTS

10/10/2005

Electronic Signature of Signing Officer or Director

Date