2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000111335

Entity Name: LUMECA LIGHT, CORP.

FILED Nov 12, 2004 Secretary of State

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

780 NW 42 AV. 2168 QUAIL ROOST DRIVE

420 420

MIAMI, FL 33126 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

780 NW 42 AV. 2168 QUAIL ROOST DRIVE 420 WESTON, FL 33327

MIAMI, FL 33126

FEI Number: 20-1202172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAZZA-MARTINEZ, TANIA A MS. 780 NW 42 AV. 420

MIAMI, FL 33126 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:

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,S
 () Delete
 Title:
 P,S
 (X) Change () Addition

 Name:
 ARTIGAS, RAUL E MR.

 Name:
 ARTIGAS, RAUL E MR.

 Address:
 780 NW 42 AV. SUITE 420
 Address:
 2168 QUAIL ROOST DRIVE

 City-St-Zip:
 MIAMI, FL 33126 US
 City-St-Zip:
 WESTON, FL 33327 US

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

 Name:
 ESPINOZA, LUCIA P MS.
 Name:
 ESPINOZA, LUCIA P MS.

 Name:
 ESPINOZA, LUCIA P MS.
 Name:
 ESPINOZA, LUCIA P MS.

 Address:
 780 NW 42 AV. SUITE 420
 Address:
 2168 QUAIL ROOST DRIVE

 City-St-Zip:
 MIAMI, FL 33126 US
 City-St-Zip:
 WESTON, FL 33327 US

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

 Name:
 AGUILAR, ALCIDES MR.
 Name:

 Address:
 780 NW 42 AV. SUITE 420
 Address:

 City-St-Zip:
 MIAMI, FL 33126 US
 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: RAUL E. ARTIGAS P 11/12/2004