

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000111920			
1. Entity Name EL TIGRE BODY SHOP COLOMBIANO, INC.			
Principal Place of Business 3441 N.W. 48 STREET MIAMI, FL 33142 US		Mailing Address 3441 N.W. 48 STREET MIAMI, FL 33142 US	
2. Principal Place of Business 3289 NW 30 ST Suite, Apt. #, etc.		3. Mailing Address 3289 NW 30 ST Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33142	Country USA	Zip 33142	Country USA
4. FEI Number 37-1476858		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSQUERA, ALVARO E 3441 N.W. 48 STREET MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: MOSQUERA, ALVARO E. Street Address (P.O. Box Number is Not Acceptable): 3289 NW 30 ST City: MIAMI FL Zip Code: 33142	
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: <i>Alvaro E. Mosquera</i> DATE: 10/18/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MOSQUERA, ALVARO E 50% <input type="checkbox"/> Delete 3441 N.W. 48 STREET MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MOSQUERA, ALVARO E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3289 NW 30 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S MORAN, VILMA E 50% <input type="checkbox"/> Delete 3441 N.W. 48 STREET MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S MORAN, VILMA E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3289 NW 30 ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060922205 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/05--01056--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Vilma E. Moran</i> VILMA E. MORAN		10/18/05 (305) 638-4084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10/28/05