2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 20 AM 10: 17

DOCUMENT # P03000118890

1. Entity Name
OVOLEDO, INC.

Principal Place of Business	Mailing Address
3802 A GUNN HWY TAMPA, FL 33624	3802 A GUNN HWY TAMPA, FL 33624

10142004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
8751 N. HIMES AVE		8751 N. HIMES AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33614	Country: USA	Zip: 33614	Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PONTON, LANCE 3802 A GUNN HWY TAMPA, FL 33624	Name: EVA PINZON Street Address (P.O. Box Number is Not Acceptable): 4501 WEST HANNA AVENUE City: TAMPA, FL 33614 - 3607 FL Zip Code

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 X [signature: Eva Pinzón] 10/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PONTON, LANCE 3802 A GUNN HWY TAMPA, FL 33624	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600042014348 10/20/04--01027--006 **150.00	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - D EVA PINZON 4501 WEST HANNA AVENUE TAMPA, FL 33614 - 3607	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] 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: X [signature: Eva Pinzón] 10/15/04 813-933-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/22 aw