2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000158057

Entity Name: LAS CASITAS DESIGN GROUP. INC.

FILED Apr 17, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2451 BEE RIDHE ROAD 2451 BEE RIDGE ROAD SARASOTA, FL 34239 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

2451 BEE RIDHE ROAD 2451 BEE RIDGE ROAD SARASOTA, FL 34239 SARASOTA, FL 34239

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GARCIA, XAVIER E SR.

2852 JAMAICA STREET

SARASOTA, FL 34231 US

GARCIA, XAVIER E SR.
P O BOX 18232

SARASOTA, FL 34276 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: XAVIER EDUARDO GARCIA SR. 04/17/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GARCIA, XAVIER E SR
 Name:
 GARCIA, XAVIER E SR

 Address:
 2852 JAMAICA STREET
 Address:
 P O BOX 18232

 2852 JAMAICA STREET
 Address:
 P O BOX 18232

 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34276

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

 Name:
 GARCIA, ALICIA
 Name:
 GARCIA, ALICIA

 Address:
 2852 JAMAICA STREET
 Address:
 P 0 BOX 18232

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:
 SARASOTA, FL 34276

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: XAVIER E. GARCIA SR D 04/17/2005