
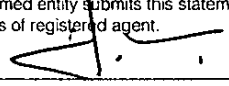
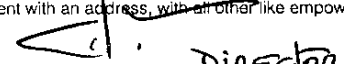


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000007011 1. Entity Name LOS FICUS CORPORATION						FILED 06 APR 27 PM 2:07 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1500 SAN REMO AVE., STE. 103 CORAL GABLES, FL 33146				Mailing Address 1500 SAN REMO AVE., STE. 103 CORAL GABLES, FL 33146			
2. Principal Place of Business 3941 SAN SIMEON LANE				3. Mailing Address 3941 SAN SIMEON LANE			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State WESTON, FL				City & State WESTON, FL			
Zip 33331		Country USA		Zip 33331		Country USA	
4. FEI Number 				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARED & ASSOCIATES, P.A. 1500 SAN REMO AVE., STE. 103 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name GISELA HERNANDEZ-FIGUEROA Street Address (P.O. Box Number is Not Acceptable) 3941 SAN SIMEON LANE City WESTON FL Zip Code 33331			
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 							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$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	D <input type="checkbox"/> Delete HERNANDEZ-FIGUEROA, GISELA 3941 SAN SIMEON LANE WESTON, FL 333315058			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		
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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 exemptions contained in Chapter 119, 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 an other like empowered.				900074338099 05/10/06--01022--013 **300.00			
SIGNATURE: 				04-24-2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			