

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000013770

FILED
Aug 21, 2006
Secretary of State

Entity Name: OPULENT ENTERPRISES, INC.

Current Principal Place of Business:

8426 N.W. 56TH STREET
MIAMI, FL 33166

New Principal Place of Business:

25000 S.W. 189TH AVENUE
HOMESTEAD, FL 33031

Current Mailing Address:

8426 N.W. 56TH STREET
MIAMI, FL 33166

New Mailing Address:

25000 S.W. 189TH AVENUE
HOMESTEAD, FL 33031

FEI Number: 76-0750642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, KELLY WILLIAM
8426 N.W. 56TH STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CAMPO, ROBERTO J
25000 S.W. 189TH AVENUE
HOMESTEAD, FL 33031 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: ROBERTO J. CAMPO

08/21/2006

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:

Title: PD () Delete
Name: ALONSO, KELLY WILLIAM
Address: 8426 N.W. 56TH STREET
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: CAMPO, ROBERTO J
Address: 8426 N.W. 56TH STREET
City-St-Zip: MIAMI, FL 33166

Title: T (X) Delete
Name: CASTILLO, MIGUEL A
Address: 8426 NW 56TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPO, ROBERTO J
Address: 25000 S.W. 189TH AVENUE
City-St-Zip: HOMESTEAD, FL 33031

Title: VD (X) Change () Addition
Name: CASTILLO, MIGUEL A
Address: 25000 S.W. 189TH AVENUE
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERTO J. CAMPO

PD

08/21/2006

Electronic Signature of Signing Officer or Director

Date