


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000020477		
1. Entity Name BURETO METAL STUDIO, INC.		

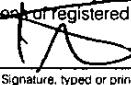
Principal Place of Business 1602 PHILADELPHIA AVENUE ORLANDO, FL 32803	Mailing Address 1602 PHILADELPHIA AVENUE ORLANDO, FL 32803
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2. Principal Place of Business 1611 AIDEN Rd. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State
Zip 32803	Country ORANGE

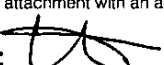
07262006	REIN-P	CR2E098 (11/05)	05-06
4. FEI Number 20-0673850		Applied For Not Applicable	

6. Name and Address of Current Registered Agent PETKOV, BORISLAV 1602 PHILADELPHIA AVENUE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name BORISLAV PETKOV Street Address (P.O. Box Number is Not Acceptable) 1611 AIDEN Rd. City ORLANDO FL Zip Code 32803	
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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 obligation of registered agent.	
SIGNATURE 	BORISLAV PETKOV 7-28-06 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETKOV, BORISLAV 1602 PHILADELPHIA AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETKOV, BORISLAV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1611 AIDEN Rd. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000078484350 08/08/06--01064--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000078484350 08/08/06--01064--005 **150.00 <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	000078484350 08/08/06--01064--006 **8.75 <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 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 all other like empowered.	
SIGNATURE: 	BORISLAV PETKOV 7-28-06 Date Daytime Phone #