

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000059620

Entity Name: APACHI 123, INC.

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

527 NW 5TH AVENUE
APT. 324
FL. CITY, FL 33034

New Principal Place of Business:

16200 SW 284 ST
HOMESTEAD, FL 33033

Current Mailing Address:

527 NW 5TH AVENUE
APT. 324
FL. CITY, FL 33034

New Mailing Address:

16200 SW 284 ST
HOMESTEAD, FL 33033

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

Name and Address of Current Registered Agent:

GARCIA, RANSEL R
527 NW 5TH AVENUE
APT. 324
FL. CITY, FL 33034 US

Name and Address of New Registered Agent:

GARCIA, RANSEL R
16200 SW 284 ST
HOMESTEAD, FL 33033 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: RANSEL RUIZ GARCIA

05/11/2006

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: D () Delete
Name: GARCIA, RANSEL R
Address: 527 NW 5TH AVENUE APT. 324
City-St-Zip: FL. CITY, FL 33034

Title: D () Delete
Name: FARINAS, REINALDO
Address: 527 NW 5TH AVENUE APT. 324
City-St-Zip: FL. CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, RANSEL R
Address: 16200 SW 284 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change () Addition
Name: FARINAS, REINALDO
Address: 16200 SW 284 ST
City-St-Zip: HOMESTEAD, FL 33033

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: REINALDO FARINAS

D

05/11/2006

Electronic Signature of Signing Officer or Director

Date