

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC -4 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000059972	
1. Entity Name CNN 21 ENTERPRESS INC	



Principal Place of Business 5723 RIEDEL AVENUE LAKE WORTH, FL 33461-3639 US	Mailing Address P.O. BOX 441536 MIAMI, FL 33144-1536 US
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2. Principal Place of Business 7961 S.W. 152 AVE	3. Mailing Address
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.

City & State Miami FLA.	City & State
Zip 33193	Country USA.



11292006 REIN-P CR2E098 (11/05)

4. FEI Number 13-4278499	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, OMAR J 8335 S.W. 152 AVE. #B-303 MIAMI, FL 33193	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7961 S.W. 152 AVE. # 2. City Miami FL Zip Code 33193
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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 obligations of registered agent.

SIGNATURE DATE 11/29/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PD FERNANDEZ, OMAR J 5723 RIEDEL AVENUE LAKE WORTH, FL 33461-3639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7961 S.W. 152 AVE. # 2. MIAMI, FLA. 33193
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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: DATE 11/29/06 (305) 383-0728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/06