

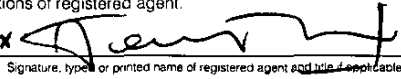
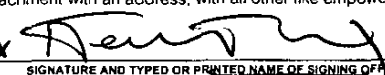


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000061287 1. Entity Name EMPANADA MANIA CORP.						FILED 06 MAY 16 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1406-1410 SW 6 ST MIAMI, FL 33135				Mailing Address 1406-1410 SW 6 ST MIAMI, FL 33135			
2. Principal Place of Business 2301 S. BAYSHORE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2301 S. BAYSHORE DRIVE Suite, Apt. #, etc.					
City & State COCONUT GROVE, FLORIDA		City & State COCONUT GROVE, FLORIDA		4. FEI Number 20-1016736		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33133		Country miAmi - DADE		Zip 33133		Country miAmi - DADE	
6. Name and Address of Current Registered Agent FONT DELA CROIX, MONIQUE M 1406-1410 SW 6 ST MIAMI, FL 33135				7. Name and Address of New Registered Agent Name SAME AS CURRENT Street Address (P.O. Box Number is Not Acceptable) 2301 S. BAYSHORE DRIVE City COCONUT GROVE FL Zip Code 33133			
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:  5/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	P FONT DELA CROIX, MONIQUE M 1406-1410 SW 6 ST MIAMI, FL 33135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2301 S. BAYSHORE DRIVE COCONUT GROVE, FLORIDA 33133		
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 400075547654 05/31/06--01014--023 **300.00		
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		
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: 				Date 5/14/06			