

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 APR 24 PM 4:45


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 DSC



03272006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000064159			
1. Entity Name PARTEN USA, INC.			
Principal Place of Business 1001 NORTH 21ST AVENUE HOLLYWOOD, FL 33020		Mailing Address 1001 NORTH 21ST AVENUE HOLLYWOOD, FL 33020	
2. Principal Place of Business 921 N. 21 st Avenue Suite, Apt. #, etc.		3. Mailing Address 921 N. 21 st Avenue Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA
4. FEI Number 20-1146652		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <u>Paulo E. De Castro</u> Street Address (P.O. Box Number is Not Acceptable) 3000 S. Ocean Drive #610 City <u>Hollywood</u> <u>FL</u> Zip Code <u>33019</u>	
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 <u>Paulo E. de Castro</u> - President - <u>Paulo E. de Castro</u> 3/14/06		DATE <u>3/14/06</u>	
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	PSTD DE CASTRO, PAULO E 1001 NORTH 21ST AVENUE HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Paulo E. De Castro 3000 S. Ocean Drive #610 Hollywood, FL 33019 <input checked="" 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
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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: <u>Paulo E. de Castro</u>		Date <u>3/14/06</u> Daytime Phone # <u>(954) 925 4336</u>	