

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000065878 1. Entity Name MULTIPLE BUSINESS ASSOCIATE GROUP IMPORT & EXPORT INC.				 FILED 09 MAR 27 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3411 S.W. 122 AVENUE MIAMI, FL 33175				Mailing Address 3411 S.W. 122 AVENUE MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 11800 SW 18 ST		3. Mailing Address SAME.			
Suite, Apt. #, etc. #125		Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State		4. FEI Number 42-1697614	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD, JORGE F 3411 SW 122ND AVENUE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name JORGE F. Richard Street Address (P.O. Box Number is Not Acceptable) 11800 SW 18 ST #125 City MIAMI FL Zip Code 33175	
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><i>Jorge Richard</i></u> 3-26-09 <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	AS MOLINA, CARLOS 9220 FOUNTAINE BLVD., APT #101 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Charles Andrew Hautrive 11606 NW 11ST Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD, JORGE P 3411 S.W. 122 AVENUE MIAMI, FL 33265	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ZAHYR RODRIGUEZ RIVAS CALLE 52A SUR #24C-41 BLOQUE 7 APT 301 BOGOTA COLOMBIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, MARIUXI AGUSTO EGAS 277 BOSHEDIANO QUITO ECUADOR,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARIA CRISTINA CASTRO H. CALLE 52A-SUR #24C-41 BLOQUE 7 APT # 301 BOGOTA-COLOMBIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, FELIPE CARRION AGUSTO EGAS 277 BOSMEDIANO QUITO ECUADOR,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORGE F. RICHARD 11800 SW 18 ST #125 MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOMEZ, MAYRA M 3411 S.W. 122ND AVENUE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYRA M. Gomez 11800 SW 18 ST #125 MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, PABLO 15043 S.W. 9TH LANE MIAMI, FL 33194	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400147674674 03/27/09--01004--008 **\$300.00	
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><i>Jorge Richard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-26-09 <small>Date Daytime Phone #</small>	