2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000120249

Entity Name: SOLEIL ON THE BEACH CORP

FILED Mar 02, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2100 PONCE DE LEON BOULEVARD 2600 DOUGLAS RD.

SUITE 600 SUITE 1100

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2100 PONCE DE LEON BOULEVARD 2600 DOUGLAS RD.

SUITE 600 SUITE 1100

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 20-1506254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GURIAN, JORGE GURIAN, JORGE 2100 PONCE DE LEON BOULEVARD 2600 DOUGLAS RD.

SUITE 600 SUITE 1100

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 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: JORGE GURIAN 03/02/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:ANTEQUERA, IVANName:ANTEQUERA, IVANAddress:2100 PONCE DE LEON BLVD, SUITE 600Address:2600 DOUGLAS RD.City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33134

Title: VD (X) Delete Title: () Change () Addition

 Name:
 LONDONO, DIEGO
 Name:

 Address:
 2100 PONCE DE LEON BLVD, SUITE 600
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 RENGIFO, IVAN
 Name:

 Address:
 2100 PONCE DE LEON BLVD, SUITE 600
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

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: IVAN ANTEQUERA PD 03/02/2007