2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125858 1. Entity Name E & L INVESTMENTS MANAGEMENT, CORP.				FILED 06 SEP 25 PM 12: 18
Principal Place of Business 13826 N.W. 21 ST PEMBROKE PINES, FL 33028		Mailing Address 13826 N.W. 21 ST PEMBROKE PINES, FL	33028	SLEAL LARY OF STATE TALLAHASSEE, FLORIDA O9 1106 90002 029 \$150.00
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09222006 REIN-P 4 LCR2E098 (11/05)
City & State		City & State	T-0	4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
PUENTES, LUIS A 13826 N.W. 21 ST PEMBROKE PINES, FL 33028			Street Addres	ss (P.O. Box Number is Not Acceptable)
_			City	FL Zip Code
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 Signature, typed or printed and of Posts and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOWIJE FEE 15 \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PUENTES, LUIS A 13826 N.W. 21 ST PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUENTES, ERIK 13826 N.W. 21 ST PEMBROKE PINES, FL 33028	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PUENTES, DIANA M 13826 N.W. 21 ST PEMBROKE PINES, FL 33028	` □ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 strustee empowered to exhold 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, without other ke empowered. SIGNATURE: SIGNATURE: SIGNATURE:				
	SIGNATURE AND TIPES C	PRINTE NAME OF SIGNING OFFICE	R OR DIRECTOR	Daty Daytime Prone #

Weston, FI September 22, 2006

Department of State Division of Corporations Uniform Business Report P.O. BOX 1500 Tallahassee, FI 32302-1500

REF.: E & L INVESTMENTS-MANAGEMENT-CORP: ~

DOCUMENT # P04000125858

Dear Sir or Madam:

This letter is to inform you that I did not received the 2006 Uniform Business Report for E & L INVESTMENTS MANAGEMENT CORP on time, document number P04000125858

I have only now realized that I owe the 2005 fees, and respectfully request that E & L INVESTMENTS MANAGEMENT CORP, be excused from paying the some penalty.

Many thanks for your attention.

Yours truly

PRIK PUENTES Vice - President