2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138437

Entity Name: BOSSA DONNA INC

170 NW 68 ST

MIAMI, FL 33150

Address: City-St-Zip: FILED Feb 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 99 NW 183RD ST 227 MIAMI, FL 33169 **New Mailing Address: Current Mailing Address:** 15020 S RIVER DRIVE MIAMI, FL 33167 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNILEUS, CARTER DAHARI, ADAM 15020 S RIVER DR 15020 S RIVER DR MIAMI, FL 33167 US MIAMI, FL 33167 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: ADAM DAHARI 02/09/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SYMONETTE, ADOLPHUS Name: Name: 15020 S RIVER DR Address: Address: MIAMI, FL 33167 City-St-Zip: City-St-Zip: Title: VΡ Title: () Delete () Change () Addition PARHAM, YACHIN Name: Name: 13575 NE 14TH AVE Address: Address: NORTH MIAMI, FL 33161 City-St-Zip: City-St-Zip: () Delete Title: Title: FD () Change () Addition SYMONETTE, ANTHONY Name: Name: 170 NW 68 ST Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition SYMONETTE, TAVARES R Name: Name: Address: 15020 S RIVER DR Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: Title: () Delete () Change () Addition CORNILEUS, CARTER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ADOLPHUS SYMONETTE P 02/09/2006