


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000141923 1. Entity Name EDELSA MIAMI CORPORATION	
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Principal Place of Business 11369 SW 109 ROAD NO. Y MIAMI, FL 33176	Mailing Address 11369 SW 109 ROAD NO. Y MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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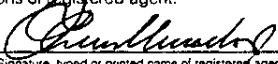
FILED  
2008 NOV 10 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032008 REIN-R	CR2E098 (1/07)
4. FEI Number 20-1749467	Applied For Not Applicable

6. Name and Address of Current Registered Agent MERCADO, JUAN L 11369 SW 109 ROAD NO. Y MIAMI, FL 33176	7. Name and Address of New Registered Agent Name MERCADO, JUAN L Street Address (P.O. Box Number is Not Acceptable) 11369 SW 109 ROAD NO Y City MIAMI FL Zip Code 33176
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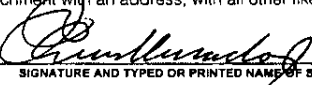
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 11/03/08  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCADO, JUAN L 11369 SW 109 ROAD NO. Y MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300137791183 11/10/08--01054--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONCE, JUAN L 11369 SW 109 ROAD NO. Y MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OCANA, LIDIA F 11369 SW 109 ROAD NO. Y MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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:  DATE 11/03/08 DAYTIME PHONE # 305-2734048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR