

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142156

Entity Name: TOMBALU ENTERPRISE CORP.

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

1715 WINDY PINES DR. #6
NAPLES, FL 34112 US

New Principal Place of Business:

2112 PICCADILLY CIRCUS
NAPLES, FL 34112 US

Current Mailing Address:

1715 WINDY PINES DR. #6
NAPLES, FL 34112 US

New Mailing Address:

2112 PICCADILLY CIRCUS
NAPLES, FL 34112 US

FEI Number: 20-1677129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, ALBALUCIA
9617 SW 144 PLACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FOLEY, ALBALUCIA
2112 PICCADILLY CIRCUS
NAPLES, FL 34112 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: ALBALUCIA FOLEY

10/10/2005

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:

Title: P. () Delete
Name: ARIAS, ALBALUCIA
Address: 9617 SW 144 PLACE
City-St-Zip: MIAMI, FL 33186 US

Title: VP () Delete
Name: ARIAS, ALBALUCIA
Address: 9617 SW 144 PLACE
City-St-Zip: MIAMI, FL 33186 US

Title: TREA () Delete
Name: ARIAS, ALBALUCIA
Address: 9617 SW 144 PLACE
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: FOLEY, ALBALUCIA
Address: 2112 PICCADILLY CIRCUS
City-St-Zip: NAPLES, FL 34112 US

Title: VP (X) Change () Addition
Name: FOLEY, ALBALUCIA
Address: 2112 PICCADILLY CIRCUS
City-St-Zip: NAPLES, FL 34112 US

Title: TREA (X) Change () Addition
Name: FOLEY, ALBALUCIA
Address: 2112 PICCADILLY CIRCUS
City-St-Zip: NAPLES, FL 34112 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBALUCIA FOLEY

PRES

10/10/2005

Electronic Signature of Signing Officer or Director

Date