


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000146767		
1. Entity Name SOUTH AMERICAN AUDIO CORP.		

Principal Place of Business 4222 INVERRARY BLVD #4405 LAUDERHILL, FL 33319	Mailing Address 4222 INVERRARY BLVD #4405 LAUDERHILL, FL 33319
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2. Principal Place of Business 3291 W. SUNRISE BLVD	3. Mailing Address 8200 SW 22 ST - C308
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City & State FT LAUDERDALE - FL	City & State NO. LAUDERDALE - FL
Zip 33311	Country BROWARD



10172005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent PEREZ, CARLOS A 4222 INVERRARY BLVD #4405 LAUDERHILL, FL 33319	
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4. FEI Number 59-3798142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (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.

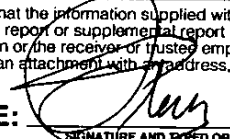
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	PSTD PEREZ, CARLOS A 8200 SW 22 ST., APT. C308 NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800060820798 10/20/05--01045--001 **150.00 <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
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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 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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/18/05

Daytime Phone #