

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000148807

Entity Name: KISSARA COUTURE, INC.

FILED
Oct 23, 2007
Secretary of State

Current Principal Place of Business:

4045 SHERIDAN AVE
SUITE #244
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

New Mailing Address:

9601 WILSHIRE BLVD
#1108
BEVERLY HILLS, CA 90210 US

Current Mailing Address:

4045 SHERIDAN AVE
SUITE #244
MIAMI BEACH, FL 33140 US

FEI Number: 59-3786809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAJ KUMAR, KAMELA
4045 SHERIDAN AVE
SUITE #244
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

BOYENN'E, KAMELA
4045 SHERIDAN AVE
SUITE #244
MIAMI BEACH, FL 33140 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: KAMELA BOYENN'E

10/23/2007

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: RAJ KUMAR, KAMELA
Address: 4045 SHERIDAN AVE, SUITE #244
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: SEC () Delete
Name: GUARD, SAVITRI
Address: 4045 SHERIDAN AVE, SUITE #244
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP () Delete
Name: BEACOM, ANGELA
Address: 4045 SHERIDAN AVE, SUITE #244
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOYENN'E, KAMELA
Address: 4045 SHERIDAN AVE, SUITE #244
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KAMELA BOYENN'E

P

10/23/2007

Electronic Signature of Signing Officer or Director

Date