2005 FOR PROFIT CORPORATION.
REINSTATEMENT

2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Street Address of New Registered Agent Name COLON, MUGUEL A 2729 STATE ROAD 50 MASCOTTE, FL 34753 City City FL Zip C FL Zip C FL Zip C FL Zip	Applied For Not Applicable dditional red
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLON, MUGUEL A 2729 STATE ROAD 50 MASCOTTE, FL 34753 City City FL Zip C City FL Zip C City FL Zip C Registered agent, or both, in the State of Florida. I am familiar w the obligations of registered agent. Signature, typed or protect name of registered agent and tide # applicable. MOTE: Registered Agent signature required when referenting) DATE FILE NOW!!! FEE Is \$150.00 After January 1, 2006, Fee will be \$300.00 After January 1, 2006, Fee will be \$300.00 Time DPT MAME COLON, MIGUEL A STREET ADDRESS 2019 JAFFA COURT CLERMONT, FL 34711 DV MME COLON, JAVIER STREET ADDRESS TITLE DV MME COLON, JAVIER STREET ADDRESS TITLE MAME STREET ADDRESS TITLE MAME STREET ADDRESS TITLE MAME STREET ADDRESS TITLE TITLE COLON, JAVIER STREET ADDRESS TITLE MAME STREET ADDRESS TITLE TITLE TITLE DV MAME STREET ADDRESS TITLE T	ode h, and accep), F.S., the r notice.
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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 extraordinations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. PILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(corporation did not receive the printing. TITLE DPT Delete DPT Delete TITLE NAME COLON, MIGUEL A STREET ADDRESS 2019 JAFFA COURT CITY-ST-ZIP TITLE DV Delete TITLE NAME COLON, JAVIER Delete TITLE NAME COLON, JAVIER STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP	h, and accep), F.S., the r notice. RS IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 office 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 11 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 Date Date Date Date Date Date Description of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated in Section 119.07(3)(i), Florida Statutes in Indicated in Indica	information er or director