


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164359		
1. Entity Name PASION USA CORP		

FILED

07 FEB 19 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**



12/11/06 01025 018 \$158.75  
02132007 REIN-P CR2E098 (1/07)

Principal Place of Business 10275 COLLINS AVE #1406 BAL HARBOUR, FL 33154	Mailing Address 10275 COLLINS AVE #1406 BAL HARBOUR, FL 33154
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17094 COLLINS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A-606	
City & State		City & State SUNNY ISL. FL	
Zip	Country	Zip	Country
		33160	

4. FEI Number 20-2120270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CANICOBA, MARIA C 10275 COLLINS AVE #1406 BAL HARBOUR, FL 33154	
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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
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FILE NOW!!! FEE IS \$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 CANICOBA, MARIS C 10275 COLLINS AVE #1406 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17094 COLLINS AVE #A606 SUNNY ISL. FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BETANCOURT, PEDRO E 10275 COLLINS AVE #1406 BAL HARBOUR, FL 33154 <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 300089583133 02/27/07--01020--007 **150.00
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: <u>Pastine Caworth</u>	2/14/2007	Date	Daytime Phone #
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