


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000167866	
1. Entity Name DIRECT ACCESS CORP.	

Principal Place of Business 9600 NW 25TH ST SUITE 3C MIAMI, FL 33172	Mailing Address 9600 NW 25TH ST SUITE 3C MIAMI, FL 33172
---	---

2. Principal Place of Business 6011 W 16 St Suite, Apt. #, etc. Hialeah City & State FL 33012 Zip Country	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
--	---

6. Name and Address of Current Registered Agent GARCIA DEL TORO, KIRO 9600 NW 25TH ST SUITE 3C MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Xiomara H. Endara Street Address (P.O. Box Number is Not Acceptable) 6011 W 16 St Hialeah, FL 33012 City FL Zip Code
--	--

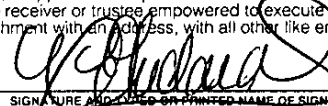
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA DEL TORO, KIRO 9600 NW 25TH ST 3C MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Xiomara H. Endara 6011 W 16 St Hialeah, FL 33012 <input checked="" 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	700060056187 10/21/05--01004--012 <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	700060056187 12/02/05--01013--002 <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	700060056187 10/21/05--01004--011 <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	Incorrect Address / notice of 05 annual report not received <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:  Xiomara H. Endara 11/15/05

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 DEC -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------