## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000169740

MIAMI, FL 33157

City-St-Zip:

Entity Name: PRIDE'S BODY ART AND PORTRAIT GALLERY, INC.

FILED Oct 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
CU #4 & 5	INGTON AV					
MIAMI BEA	CH, FL 331	39				
Current Mailing Address:				New Mailing Address:		
710 WASHINGTON AVE CU #4 & 5				10860 SW 158 LANE MIAMI, FL 33157		
MIAMI BEACH, FL 33139						
FEI Number:	20-3255024	FEI Number Applied Fo	or() FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BUSTOS, L 14460 SW MIAMI, FL	166 TERRA					
The above in the State		y submits this statement	for the purpose o	f changing i	ts registered o	office or registered agent, or both,
SIGNATUR	RE: LUIS F	BUSTOS				
Electronic Signature of Registered Agent				Date		
		193(2)(b), F.S., the corporati ng Trust Fund Contribution		he prior notic	e.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P BUSTOS, LO 14460 SW 16 MIAMI, FL 33	66 TERRACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	V BUSTOS, BE 14460 SW 16 MIAMI, FL 33	66 TERRACE		Title: Name: Address: City-St-Zip:	VP (X BUSTOS, BEA' 14460 SW 166 MIAMI, FL 331	TERRACE
Title: Name: Address: City-St-Zip:	T BUSTOS, LO 14460 SW 16 MIAMI, FL 33	66 TERRACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address:	VP ( BUSTOS, RO 10860 SW 15			Title: Name: Address:	(	) Change ()Addition

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

City-St-Zip:

SIGNATURE: BEATRIZ E BUSTOS VP 10/26/2006