


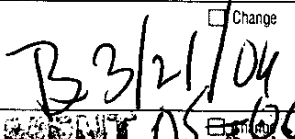
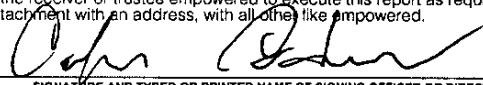


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170881 1. Entity Name CAMECO ENTERPRISES, INC.						FILED 06 MAR 16 2011:13	
Principal Place of Business 1618 MICHIGAN AVE #27 MIAMI BEACH, FL 33139				Mailing Address 1618 MICHIGAN AVE #27 MIAMI BEACH, FL 33139			
2. Principal Place of Business 17700 NW 52ND AVENUE Suite, Apt. #, etc.		3. Mailing Address 17700 NW 52nd. Avenue Suite, Apt. #, etc.					
City & State Miami, Florida Zip 33055 Country USA		City & State Miami, Florida Zip 33055 Country USA		4. FEI Number 383-719190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02152006 REIN-P CR2E098 (11/05)			
6. Name and Address of Current Registered Agent BERGHOLM, EDWARD JR ESQ 1393 SW FIRST STREET #200 MIAMI, FL 33135				7. Name and Address of New Registered Agent Name BARNEY B AVCHEN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) Suite 226 1840 West 49th. Street City Hialeah FL Zip Code 33012			
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  BARNEY B. AVCHEN March 13, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANABAL, BENJAMIN <input type="checkbox"/> Delete 1618 MICHIGAN AVE #27 MIAMI BEACH, FL 33139			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500069062885 03/30/06--01058--024 **908.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERCADO, VICTOR M <input type="checkbox"/> Delete 287 NW 31ST STREET MIAMI, FL 33127			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORDERO, CARLOS A <input type="checkbox"/> Delete 17700 NW 52ND AVE MIAMI, FL 33055			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06		
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: 				March 13, 2006 (305) 821-0031			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			