2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000005543

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Sep 27, 2006 Secretary of State

Entity Nam	ne: 7044 HAR	DEE MANAGEMENT CORP.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1221 S.W. 27TH AVENUE SUITE 302 MIAMI, FL 33135						
Current Mailing Address:			New Maili	New Mailing Address:		
1221 S.W. 2 SUITE 302 MIAMI, FL 3	27TH AVENUE 33135	Ē				
FEI Number:	20-2155707	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CASTILLO B., ALVARO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131 US						
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.						
SIGNATURE: ALVARO CASTILLO B.						
Electronic Signature of Registered Agent Date				Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VELAZCO, EDU	AVENUE, SUITE 302	Title: Name: Address: City-St-Zip:	D (X) Change () Addition VELAZCO, EDUARDO MR 1221 S.W. 27TH AVENUE, SUITE 302 MIAMI, FL 33135		
Title: Name: Address: City-St-Zip:	DIAZ, JOSE CAF	AVENUE, SUITE 302	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DIAZ, JOSE CARLOS MR 1221 S.W. 27TH AVENUE, SUITE 302 MIAMI, FL 33135		

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 reported by Chapter 607, Florida Statutes; and that my name appears

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MAGGIE D. PEREZ-SORDO D 09/27/2006

above, or on an attachment with an address, with all other like empowered.

() Change (X) Addition

PEREZ-SORDO, MAGGIE D MRS 1221 S.W. 27TH AVENUE, SUITE 302

MIAMI, FL 33135