

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000016403

Entity Name: BUMARANG, CORP.

FILED
Oct 11, 2007
Secretary of State

Current Principal Place of Business:

8820 SW 123 CT
#L208
MIAMI, FL 33186

New Principal Place of Business:

10640 SW 96 STREET
MIAMI, FL 33176

Current Mailing Address:

8820 SW 123 CT
#L208
MIAMI, FL 33186

New Mailing Address:

10640 SW 96 STREET
MIAMI, FL 33176

FEI Number: 20-2301613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, LUIS E
8820 SW 123 CT
#L208
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BUSTAMANTE, LUIS E
10640 SW 96 STREET
MIAMI, FL 33176 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: LUIS BUSTAMANTE

10/11/2007

Electronic Signature of Registered Agent

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:

Title: PD () Delete
Name: BUSTAMANTE, LUIS E
Address: 8820 SW 123 CT #L208
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: BUSTAMANTE, ANGELICA M
Address: 8820 SW 123 CT #L208
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: ORTIZ, MARTHA C
Address: 8820 SW 123 CT #L208
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUSTAMANTE, LUIS E
Address: 10640 SW 96 STREET
City-St-Zip: MIAMI, FL 33176

Title: SD (X) Change () Addition
Name: BUSTAMANTE, ANGELICA M
Address: 10640 SW 96 STREET
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Change () Addition
Name: ORTIZ, MARTHA C
Address: 10640 SW 96 STREET
City-St-Zip: MIAMI, FL 33176

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

SIGNATURE: LUIS BUSTAMANTE

PD

10/11/2007

Electronic Signature of Signing Officer or Director

Date