2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000019352

642 BLUEBILL CT.

KISSIMMEE, FL 34759

Address:

City-St-Zip:

Entity Name: GAUCHITO DE ORO CORP.

FILED Oct 10, 2006 Secretary of State

y		SE ONO COM .			
Current Principal Place of Business:			New Principal Place of Business:		
699 COTU KISSIMME	JLLA DR. E, FL 34758				
Current M	lailing Address:		New Mailing Address	New Mailing Address:	
699 COTU KISSIMME	JLLA DR. E, FL 34758				
FEI Number	: 20-2306435 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and Address o	f New Registered Agent:	
4175 SPIT	ER, VICTOR FIRE AVENUE EE, FL 34741 U	S			
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: BALAGUER	VICTOR			
	Electronic S	Signature of Registered Ag	ent	Date	
		b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () Del BALAGUER, VICTO 4175 SPITFIRE AVI KISSIMMEE, FL 34	R ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () Del BALAGUER, MIGUE 642 BLUEBILL CT. KISSIMMEE, FL 34	:L	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Del AUTEDO, CARLA 4175 SPITFIRE AVI KISSIMMEE, FL 34	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () Del CASTELLANOS, LA		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: BALAGUER VICTOR DP 10/10/2006