2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# P05000042030

Entity Name: SCULPOPS, INC.

Current Principal Place of Business:

18801 COLLINS AVENUE
SUITE 360
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18801 COLLINS AVENUE
SUITE 360
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-2532791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBACORTA, LUIGI
18801 COLLINS AVENUE
SUITE 360
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: LUIGI GAMBACORTA
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: P,D ( ) Delete
Name: GAMBACORTA, LUIGI
Address: 18801 COLLINS AVENUE, SUITE 360
City-St-Zip: MIAMI, FL 33160 US

Title: S, D ( ) Delete
Name: ROJO, MARIA JOSE
Address: 18801 COLLINS AVENUE, SUITE 360
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LUIGI GAMBACORTA PD 09/25/2006
Electronic Signature of Signing Officer or Director Date