2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# P05000061344

Entity Name: GUSTO LASS INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

New Principal Place of Business:

4900 NW 197 STREET
MIAMI, FL 33055

Current Mailing Address:

12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

New Mailing Address:

4900 NW 197 STREET
MIAMI, FL 33055

FEI Number: 52-2458222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIARATO, UGO V
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

CAMARGO, OCTAV IO R
4900 NW 197 STREET
MIAMI, FL 33055 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: OCTAVIO R CAMARGO 02/27/2007
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: CAMARGO, OCTAVIO
Address: 12000 BISCAYNE BLVD., SUITE 507
City-St-Zip: MIAMI, FL 33181

Title: TD ( ) Delete
Name: UJUETA, MARIA CAROLINA
Address: 12000 BISCAYNE BLVD., SUITE 507
City-St-Zip: MIAMI, FL 33181

Title: SD ( ) Delete
Name: UJUETA, JUAN FELIPE
Address: 12000 BISCAYNE BLVD., SUITE 507
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMARGO, OCTAVIO
Address: 4900 NW 197 STREET
City-St-Zip: MIAMI, FL 33055

Title: TD (X) Change ( ) Addition
Name: UJUETA, MARIA CAROLINA
Address: 4900 NW 197 STREET
City-St-Zip: MIAMI, FL 33055

Title: SD (X) Change ( ) Addition
Name: UJUETA, JUAN FELIPE
Address: 4900 NW 197 STREET
City-St-Zip: MIAMI, FL 33055

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: OCTAVIO R CAMARGO PD 02/27/2007
Electronic Signature of Signing Officer or Director Date