

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000066486	
1. Entity Name RUMBA EN MIAMI, INC.	



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:39

Principal Place of Business 14795 SW 178 TERRACE MIAMI, FL 33187	Mailing Address 14795 SW 178 TERRACE MIAMI, FL 33187
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REINSTATEMENT 06

2. Principal Place of Business 3301 RICKENBACKER CSWY Suite, Apt. #, etc.	3. Mailing Address 3301 RICKENBACKER CSWY Suite, Apt. #, etc.
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10172006 REIN-P CR2E098 (11/05)

City & State KEY BISCAYNE FL	City & State KEY BISCAYNE FL
Zip 33149	Country USA

4. FEI Number 20-2784340	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTTERREZ, GUSTAVO A 14795 SW 178 TERRACE MIAMI, FL 33187	
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7. Name and Address of New Registered Agent Name ZAMBRANO, JULIO M Street Address (P.O. Box Number is Not Acceptable) 5542 NW 112 CT City DORAL FL Zip Code 33176	
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 10/18/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTERREZ, GUSTAVO A 14795 SW 178 TERRACE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081126633 10/23/06--01068--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBRANO, JULIO M 5542 NW 112 CT MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALO, VICTOR E 12313 SW 147 TER MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 10/18/06 305 361 0788 Daytime Phone #