2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000098691

City-St-Zip:

FILED Nov 05, 2006 Secretary of State

Entity Nar	me: J&ASMA	ARTS INVESTMENTS CORP				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
245 CARDIFF AVENUE DAVENPORT, FL 33897				2688 VALIANT DRIVE CLERMONT, FL 34711		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
	ANT DRIVE NT, FL 34711					
FEI Number:	: 68-0610793	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	BEL E SR. ANT DRIVE NT, FL 34711	US				
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: ABEL E. F					
		c Signature of Registered Age			Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () PEREZ, ABEL E 2688 VALIANT D CLERMONT, FL	PRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CALZADA, MAR 2688 VALIANT E CLERMONT, FL	RIVE	Title: Name: Address: City-St-Zip:	VP (X) HERNANDEZ, F 2690 VALIANT CLERMONT, FI	DRIVE	
Title: Name: Address: City-St-Zip:	D () PEREZ, JORGE 2688 VALIANT E CLERMONT, FL	RIVE	Title: Name: Address: City-St-Zip:	S (X) CALZADA, MAF 2688 VALIANT CLERMONT, FI	DRIVE	
Title: Name: Address:	()	Delete	Title: Name: Address:	T () BARRIONUEVO 2690 VALIANT		

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.

City-St-Zip:

CLERMONT, FL 34711

SIGNATURE: ABEL E PEREZ Ρ 11/05/2006