

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000108893

Entity Name: QUISQUEYA EXIMPTS, INC

FILED
May 30, 2007
Secretary of State

Current Principal Place of Business:

3321 NW 17TH AVE
SUITE 218
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3321 NW 17TH AVE
SUITE 218
MIAMI, FL 33142

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, JUANA A
610 SW 21 ROAD
MIAMI, FL 33129 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: JUANA A. VARGAS

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 () Delete
Name: VARGAS, JUANA A
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: PEREZ, SYLVESTER E
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: VARGAS, VIRGINIA G
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: URANGA, PEDRO J
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify 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: JUANA A. VARGAS

P

05/30/2007

Electronic Signature of Signing Officer or Director

Date