2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000120718

Entity Name: STOP WAR INC

City-St-Zip: MIAMI, FL 33161

FILED Jan 21, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1333 NOR MIAMI, FL	RTH EAST 119 33161	STREET			
Current M	lailing Addres	s:	New Mailing Address:		
1333 NOR MIAMI, FL	RTH EAST 119 33161	STREET			
FEI Number	: 20-3389028	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
	EDUARDO D RTH EAST 119 33161 US	ST			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: EDUARD	O D FIORDA			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	PRES () FIORDA, EDUA	Delete	Title: Name:	() Change () Addition	
Address:	,	AST 119 STREET	Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	VP ()	Delete	Title:	() Change () Addition	
Name:	COBO, LAURA	Delete	Name:	() Change () Addition	
Address:	,	AST 119 STREET	Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	SEC ()	Delete	Title:	() Change () Addition	
Name:	COBO, LAURA		Name:	()	
Address:	,	AST 119 STREET	Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	TREA ()	Delete	Title:	() Change () Addition	
Name:	FIORDA, EDUA	RDO D	Name:		
Address:	1333 NORTH F	AST 110 STREET	Address:		

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:

SIGNATURE: EDUARDO D FIORDA PRES 01/21/2007