2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 18, 2007
Secretary of State

DOCUMENT# P05000130412

Entity Name: FOREIGN LABOR CERTIFICATION CONSULTANTS INC.

Current Principal Place of Business:

2045 SW 84TH AVENUE
MIAMI, FL 33155

New Principal Place of Business:

446 MADEIRA AVE
CORAL GABLES, FL 33134

Current Mailing Address:

2045 SW 84TH AVENUE
MIAMI, FL 33155

New Mailing Address:

446 MADEIRA AVE
CORAL GABLES, FL 33134

FEI Number: 20-3827224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GACHASSIN-LAFITE, CARLOS R
446 MADEIRA AVE.
CORAL GABLES, FL 33134 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: CARLOS R GACHASSIN-LAFITE
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: SACHASSIN-LAFITE, CARLOS R
Address: 446 MADEIRA AVE.
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GACHASSIN-LAFITE, CARLOS R
Address: 446 MADEIRA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC ( ) Change (X) Addition
Name: BARONI, CLAUDIA
Address: 446 MADEIRA AVE.
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS R GACHASSIN-LAFITE PD 05/18/2007
Electronic Signature of Signing Officer or Director Date