

FROM : EMPIRE CORPORATE KIT CD

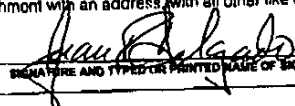
FAX NO. : 305 63381302

Apr. 11 2007 01:25PM P3

**2007 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

07 MAY 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT 06-07**

DOCUMENT # P05000138733					
1. Entity Name MIAMI GIRLS, INC.					
Principal Place of Business 601 S.W. 87TH COURT MIAMI, FL 33174			Mailing Address 601 S.W. 87TH COURT MIAMI, FL 33174		
REINSTATEMENT					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04112007 REIN-P CRZE098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 68-0616911	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JUAN R 541 71ST STREET MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 				DATE: 4-20-07	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DELGADO, JUAN R 541 71ST STREET MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000102235580 05/25/07--01005--007 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 				DATE: 4-20-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	