


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 14 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000154339 1. Entity Name OCEAN BLUE PAINTING CORP.	
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Principal Place of Business 24736 SW 114 CT HOMESTEAD, FL 33032	Mailing Address 24736 SW 114 CT HOMESTEAD, FL 33032
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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12132006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3833635.	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO 24736 SW 114 CT HOMESTEAD, FL 33032	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HERNANDEZ, PEDRO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24736 SW 114 CT	NAME	800082634388
STREET ADDRESS	HOMESTEAD, FL 33032	STREET ADDRESS	12/19/06--01018--014 **150.00
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	V ARAUJO, JULIETA M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24736 SW 114 CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOMESTEAD, FL 33032	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	V-P SERGIO MORALES.	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	24736 SW 114 CT	NAME	15550 SW 156 TER. 33187
STREET ADDRESS	HOMESTEAD, FL 33032	STREET ADDRESS	MIAMI FL.
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/06