

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000036304

FILED
Dec 13, 2007
Secretary of State

Entity Name: INVERSIONES DIVERSAS INC

Current Principal Place of Business:

1890 NW 82 AVE., STE. 105
MIAMI, FL 33126

New Principal Place of Business:

1890 NW 82 AVENUE
101
MIAMI, FL 33126

Current Mailing Address:

1890 NW 82 AVE., STE. 105
MIAMI, FL 33126

New Mailing Address:

1890 NW 82 AVENUE
101
MIAMI, FL 33126

FEI Number: 20-4480077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLACERES, FLORENTINO
1890 NW 82 AVE., STE. 105
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PALMA, SELVYN
1890 NW 82 AVENUE
101
MIAMI, FL 33126 US

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: SELVYN PALMA

12/13/2007

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: PALMA, SELVIN A.
Address: 1890 NW 82 AVE., STE. 105
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: GONZALEZ, GUINDER R.
Address: 1890 NW 82 AVE., STE. 105
City-St-Zip: MIAMI, FL 33126

Title: STD (X) Delete
Name: PLACERES, FLORENTINO
Address: 1890 NW 82 AVE., STE. 105
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PALMA, SELVYN
Address: 1890 NW 82 AVE., STE. 101
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change () Addition
Name: GONZALEZ, GUINDER R.
Address: 1890 NW 82 AVE., STE. 101
City-St-Zip: MIAMI, FL 33126

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

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: SELVYN PALMA

P

12/13/2007

Electronic Signature of Signing Officer or Director

Date