

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000071503

FILED
Nov 17, 2008
Secretary of State

Entity Name: WORLD LEISURE PARTNERS, INC.

Current Principal Place of Business:

1331 BRICKELL BAY DRIVE
APT 3507
MIAMI, FL 331313685

Current Mailing Address:

1331 BRICKELL BAY DRIVE
APT 3507
MIAMI, FL 331313685

New Principal Place of Business:

1331 BRICKELL BAY DRIVE
APT 3701
MIAMI, FL 33131 US

New Mailing Address:

1331 BRICKELL BAY DRIVE
APT 3701
MIAMI, FL 33131 US

FEI Number: 20-4974167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EIDSON, COLSON H
1331 BRICKELL BAY DRIVE
APT 3507
MIAMI, FL 331313685 US

Name and Address of New Registered Agent:

MATTHEWS, JOSEPH M MR.
COLSON HICKS
255 ARAGON
CORAL GABLES, FL 33134 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: JOSEPH M. MATTHEWS

11/17/2008

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: PCEO () Delete
Name: ARON, ADAM M
Address: 1331 BRICKELL BAY DR, APT 3507
City-St-Zip: MIAMI, FL 331313685

Title: TCD () Delete
Name: ARON, ADAM M
Address: 1331 BRICKELL BAY DR, APT 3507
City-St-Zip: MIAMI, FL 331313685

Title: SCC () Delete
Name: MATTHEWS, JOSEPH M
Address: 1331 BRICKELL BAY DR, APT 3507
City-St-Zip: MIAMI, FL 331313685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: ARON, ADAM M MR.
Address: 1331 BRICKELL BAY DR, APT 3701
City-St-Zip: MIAMI, FL 33131 US

Title: TCD (X) Change () Addition
Name: ARON, ADAM M
Address: 1331 BRICKELL BAY DR, APT 3701
City-St-Zip: MIAMI, FL 33131 US

Title: SCC (X) Change () Addition
Name: MATTHEWS, JOSEPH M
Address: 255 ARAGON
City-St-Zip: CORAL GABLES, FL 33131 US

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: ADAM M ARON

PCEO

11/17/2008

Electronic Signature of Signing Officer or Director

Date