

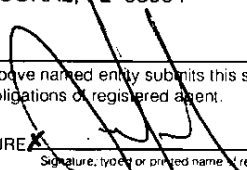
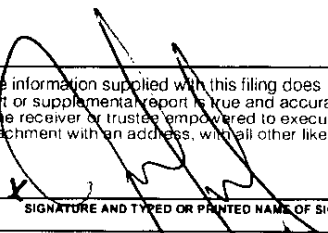


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000087601 1. Entity Name TRUEBA'S COMPANY INC						FILED 07 OCT 12 AM 11:17 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 705 VICTORIA DRIVE 1 CAPE CORAL, FL 33904				Mailing Address 705 VICTORIA DRIVE 1 CAPE CORAL, FL 33904			
2. Principal Place of Business - No P.O. Box # 228 NE 13TH AVE		3. Mailing Address 228 NE 13TH AVE		 REINSTATEMENT 100087601 REINSTATEMENT FEE \$25.00 (1/07) 07			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State CAPE CORAL, FLORIDA		City & State CAPE CORAL, FLORIDA		4. FEI Number 20-5129436		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33909		Country USA		Zip 33909		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent TRUEBA, ROBERTO 705 VICTORIA DR 1 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name ROBERTO TRUEBA Street Address (P.O. Box Number is Not Acceptable) 228 NE 13TH AVE City CAPE CORAL FL Zip Code 33909			
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 				ROBERTO TRUEBA - PRESIDENT		10/09/2007	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	P TRUEBA, ROBERTO 705 VICTORIA DR APT 1 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUEBA, ROBERTO 228 NE 13TH AVE CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: 				ROBERTO TRUEBA - PRESIDENT		10/09/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		(239) 878-0596 Daytime Phone #	