

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-P CR2E098 (1/07)

DOCUMENT # P06000093819			
1. Entity Name RODRIGO LACAYO & ASSOCIATES, INC.			
Principal Place of Business 14652 SW 114TH TERR MIAMI, FL 33186-7073		Mailing Address 14652 SW 114TH TERR MIAMI, FL 33186-7073	
2. Principal Place of Business - No P.O. Box # 1005 SW 87TH AVE.		3. Mailing Address 1005 SW 87TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33174	Country USA	Zip 33174	Country USA
4. FEI Number 20-5233048		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 LACAYO, RODRIGO 14652 SW 114TH TERR MIAMI, FL 33186-7073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1005 SW 87TH AVE. City MIAMI FL Zip Code 33174	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	PD LACAYO, RODRIGO 14652 SW 114TH TERR MIAMI, FL 33186-7073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1005 SW 87TH AVE. MIAMI, FL. 33174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LACAYO, GUSTAVO J 14652 SW 114TH TERR MIAMI, FL 33186-7073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1005 SW 87TH AVE. MIAMI, FL. 33174 <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	600110709216 10/12/07--01010--022 **150.00 <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: 		RODRIGO LACAYO 10/09/2007 305-213-3212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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