2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2007
Secretary of State

DOCUMENT# P06000122462

Entity Name: ZONDA, INC.

Current Principal Place of Business:

7435 HARDING AVE.
APT. 104
MIAMI BEACH, FL 33141

New Principal Place of Business:

14843NE 20 AV.
NORTH MIAMI, FL 33181

Current Mailing Address:

7435 HARDING AVE.
APT. 104
MIAMI BEACH, FL 33141

New Mailing Address:

14843 NE 20 AV.
NORTH MIAMI, FL 33181

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVARES CALIVAR, ROBERTO D
7435 HARDING AVE.
APT. 104
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

OLIVARES CALIVAR, ROBERTO D
14843 NE 20 AV.
NORTH MIAMI, FL 33181 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: ROBERTO D. OLIVARES 10/29/2007
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: P ( ) Delete
Name: OLIVARES CALIVAR, ROBERTO D
Address: 7435 HARDING AVE. APT. 104
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete
Name: CORZO, CLAUDIO M
Address: 7435 HARDING AVE. APT. 104
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLIVARES CALIVAR, ROBERTO D
Address: 14843 NE 20 AV.
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP (X) Change ( ) Addition
Name: CORZO, CLAUDIO M
Address: 910 BAY DR.APT #3
City-St-Zip: MIAMI BEACH, FL 33141

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: ROBERTO D. OLIVARES P 10/29/2007
Electronic Signature of Signing Officer or Director Date