2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000131621

Entity Name: CANELLABEACH USA CORP

FILED Feb 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6365 COLLINS AVENUE 4775 COLLINS AVE MIAMI, FL 33141 4207 MIAMI, FL 33140 **Current Mailing Address: New Mailing Address:** 6365 COLLINS AVENUE 4775 COLLINS AVE SUITE 3006 4207 MIAMI, FL 33141 MIAMI, FL 33140 FEI Number: 43-2113619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOLEDANO, GEORGE 19588 SATÚRNIA LAKES DRIVE BOCA RATON, FL 33498 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: TOLEDANO 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition AMSELLEM, STEPHANE AMSELLEM, STEPHANE Name: Name: 6365 COLLINS AVENUE 4775 COLLINS AVENUE Address: Address: City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33140 () Delete Title: VΡ Title: () Change () Addition Name: TOLEDANO, GEORGE Name: 19588 SATURNIA LAKES DRIVE Address: Address: BOCA RATON, FL 33498 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition AMSELLEM, ARMAND Name: Name: POINTE DE LA VERDURE BP 73 Address: Address: GOSIER GUADELOUPE, FR 47190 FR City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MOYAL, SYLVIE Name: Name: 6 AVENUE DU PARC DE PASSY Address: Address: City-St-Zip: PARIS, FR 75016 FR 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: AMSELLEM MR 02/28/2008