

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 31 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000141004 1. Entity Name FIRST CHOICE GUTTERS, INC.	
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Principal Place of Business 261 WEST 33RD STREET HIALEAH, FL 33012	Mailing Address 261 WEST 33RD STREET HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

12282007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent CARDET, MANUEL R 261 WEST 33RD STREET HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Manuel R. Cardet* Manuel R. Cardet 12/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P CARDET, MANUEL R <input type="checkbox"/> Delete 261 WEST 33RD STREET HIALEAH, FL 33012	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100113521181 12/31/07--01040--001 **158.75
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	VP <input type="checkbox"/> Delete CARDET, MARITZA 261 WEST 33RD STREET HIALEAH, FL 33012	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: *Manuel R. Cardet* Manuel R. Cardet 12/24/07 786-975-7967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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