

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P92000013522</b> 1. Entity Name <b>GOLD MEDAL OF MIAMI CORP.</b>					
Principal Place of Business <b>5035 EAST 4TH AVE HIALEAH, FL 33013 US</b>			Mailing Address <b>5035 EAST 4TH AVE HIALEAH, FL 33013 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>65-0377425</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>BAROUH, ALBERTO 9260 SW 72ND ST SUITE 206 MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name <b>PERERA, MERCEDES L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9360 SW 72ND ST SUITE 257</b> City <b>MIAMI</b> State <b>FL</b> Zip <b>33173</b>		
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 <u><i>Mercedes L Perera</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>04/29/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HERNANDEZ, ISIDRO 5035 E 4 AVE HIALEAH, FL 33013</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300074352223</b> <b>05/10/06--01004--024 **750.00</b>	
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: <u><i>Isidro Hernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Isidro Hernandez-Pres      DATE <b>04/29/06</b> <small>Date      Daytime Phone #</small>		

FILED  
06 MAY -2 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-15-05 90024 021 \$150.00



REINSTATEMENT 05-06  
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