

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000084137

Entity Name: BOWRAIN CORP.

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

6033 W. CENTURY BLVD., SUITE 210
LOS ANGELES, CA 90045

New Principal Place of Business:

5301 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FL 33126 US

Current Mailing Address:

1830 MAIN STREET
SUITE 200
WESTON, FL 33326 US

New Mailing Address:

5301 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FL 33126 US

FEI Number: 65-0458940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRO A. FREYRE, ESQ.
ONE S.E. THIRD AVE. 28TH FLOOR
MIAMI, FL, FL 33131 US

Name and Address of New Registered Agent:

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: PEDRO A. FREYRE

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: PD () Delete
Name: FISCHER, HUMBERTO
Address: 1830 MAIN STREET, SUITE 200
City-St-Zip: WESTON, FL 33326 US

Title: SD () Delete
Name: DUPRE, GASTON
Address: 1830 MAIN STREET, SUITE 200
City-St-Zip: WESTON, FL 33326 US

Title: VTD (X) Delete
Name: SQUADRITTO, RAUL
Address: 1830 MAIN STREET, SUITE 200
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISCHER, HUMBERTO
Address: 5301 BLUE LAGOON DRIVE, SUITE 480
City-St-Zip: MIAMI, FL 33126 US

Title: SD (X) Change () Addition
Name: DUPRE, GASTON
Address: 5301 BLUE LAGOON DRIVE, SUITE 480
City-St-Zip: MIAMI, FL 33126 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GASTON DUPRE

DS

10/09/2006

Electronic Signature of Signing Officer or Director

Date