

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000063471

**FILED  
Oct 29, 2004  
Secretary of State**

**Entity Name:** PINGUS INVESTMENTS, INC.

**Current Principal Place of Business:**

8015 NW 8 ST #401  
MIAMI, FL 33126

**New Principal Place of Business:**

1717 N BAYSHORE DR SUITE 1655  
MIAMI, FL 33132

**Current Mailing Address:**

P. O. BOX 652721  
MIAMI, FL 33265 US

**New Mailing Address:**

1717 N BAYSHORE DR SUITE 1655  
MIAMI, FL 33132 US

**FEI Number:** 65-0600031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, GUILLERMO  
8015 NW 8 ST #401  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

ABRAMSON, HERBERT W  
1717 N BAYSHORE DR SUITE 1655  
MIAMI, FL 33132 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: HERBERT W. ABRAMSON      10/29/2004  
\_\_\_\_\_  
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: PTSD ( ) Delete  
Name: CRUZ, GUILLERMO  
Address: 8015 NW 8 ST #401  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: CRUZ, GUILLERMO  
Address: 1717 N BAYSHORE DR SUITE 1655  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GUILLERMO CRUZ      PTSD      10/29/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date