

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000063471

FILED
Jul 19, 2008
Secretary of State

Entity Name: PINGUS INVESTMENTS, INC.

Current Principal Place of Business:

13620 SW 181 ST.
MIAMI, FL 33177

New Principal Place of Business:

6303 BLUE LAGON DR,
MIAMI, FL 33126

Current Mailing Address:

13620 SW 181 ST.
MIAMI, FL 33177

New Mailing Address:

6303 BLUE LAGON DR,
MIAMI, FL 33126

FEI Number: 65-0600031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, GUILLERMO
13620 SW 181 ST.
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

CRUZ, GUILLERMO
6303 BLUE LAGON DR,
MIAMI, FL 33126 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: GUILLERMO CRUZ

07/19/2008

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: 13620 SW 181 ST.
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRE () Change (X) Addition
Name: MOLINA, DAVID
Address: 6303 BLUE LAGOON DR.
City-St-Zip: MIAMI, FL 33126

Title: VP () Change (X) Addition
Name: SOSA, ENRIQUE
Address: 6303 BLUE LAGOON DR.
City-St-Zip: MIAMI, FL 33126

Title: DIR () Change (X) Addition
Name: MOLINA, NEBI
Address: 6303 BLUE LAGOON DR.
City-St-Zip: MIAMI, FL 33126

Title: DIR () Change (X) Addition
Name: ESCOBAR, ANGELA M MARLENE
Address: AVENIDA INTERCOMUNAL CALLE LOS CAOBO, #113
City-St-Zip: OJEDA, SO, SO 4019 VZ

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: GUILLERMO CRUZ

PTSD

07/19/2008

Electronic Signature of Signing Officer or Director

Date