2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000063471

Entity Name: PINGUS INVESTMENTS, INC.

FILED Jul 19, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
13620 SW 181 ST. MIAMI, FL 33177				6303 BLUE LAGON DR, MIAMI, FL 33126		
Current Mailing Address:				New Mailing Address:		
13620 SW 181 ST. MIAMI, FL 33177				6303 BLUE LAGON DR, MIAMI, FL 33126		
FEI Number:	65-0600031	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRUZ, GU 13620 SW MIAMI, FL	181 ST.		CRUZ, GUILLERMO 6303 BLUE LAGON DR, MIAMI, FL 33126 US			
	named entity s of Florida.	submits this statement for the pu	urpose o	f changing it	s registered	office or registered agent, or both,
SIGNATUF	RE: GUILLER	MO CRUZ	07/19/2008			
	Electron	ic Signature of Registered Ager	nt			Date
In accordance	ce with s. 607.19	3(2)(b), F.S., the corporation did not	receive t	he prior notice) .	
Election Can	npaign Financing	Trust Fund Contribution ().		-		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTSD () CRUZ, GUILLEI 13620 SW 181 MIAMI, FL 331	ST.		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	TRE (MOLINA, DAVI 6303 BLUE LA MIAMI, FL 33	AGOON DR.
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (SOSA, ENRIQ 6303 BLUE LA MIAMI, FL 33	AGOON DR.
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIR (MOLINA, NEB 6303 BLUE LA MIAMI, FL 33	AGOON DR.
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ESCOBAR, AN) Change (X) Addition NGELA M MARLENE ERCOMUNAL CALLE LOS CAOBO, #113 O 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