2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2004
Secretary of State

DOCUMENT# P95000090380

Entity Name: SA CONSULTING, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD. #910
CORAL GABLES, FL 33134 US

New Principal Place of Business:

P.O. BOX 651007
MIAMI, FL 332651007 US

Current Mailing Address:

2121 PONCE DE LEON BLVD. #910
CORAL GABLES, FL 33134 US

New Mailing Address:

P.O. BOX 651007
MIAMI, FL 332651007 US

FEI Number: 65-0645936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SILVA, SERGIO
2121 PONCE DE LEON BLVD., STE. 910
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MATUS, ROBERTO
600 BRICKELL AVENUE
SUITE 701
MIAMI, FL 33131 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: ROBERTO MATUS 10/26/2004
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: D ( ) Delete
Name: GOMEZ, JUAN N
Address: 2121 PONCE DE LEON BLVD., #910
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: SILVA, SERGIO E
Address: 2121 PONCE DE LEON BLVD. #910
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOMEZ, JUAN N
Address: 1387 S.W. 143 PL
City-St-Zip: MIAMI, FL 33184

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 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: JUAN GOMEZ D 10/26/2004
Electronic Signature of Signing Officer or Director Date