

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000034227

Entity Name: CONSUMER OPPORTUNITIES, INC.

FILED
Oct 19, 2007
Secretary of State

Current Principal Place of Business:

205 NE 87TH STREET
29
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

205 NE 87TH STREET
29
MIAMI, FL 33138

New Mailing Address:

C/O GILBERT C. BETZ, PA, 2025 SW 32ND AVE
102
MIAMI, FL 33145

FEI Number: 65-0660434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GILBERT C. BETZ, P.A.
2025 SW 32ND AVE.
SUITE 102
MIAMI, FL 33145 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: JUDITH JACKSON CHORLOG

10/19/2007

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: PSTD () Delete
Name: RAY, STEVEN
Address: 15636 NE 2ND AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP (X) Delete
Name: RAY, PATRICIA
Address: 15636 NE 2ND AVE
City-St-Zip: N MIAMI BCH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LUCY RAY AS PER. REP. . OF EST. OF S T EVENRAY
Address: C/O GILBERT C. BETZ, PA, 2025 SW 32ND AVE
City-St-Zip: MIAMI, FL 33145

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

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: LUCY RAY AS PER. REP. OF EST. OF STEVENRAY

PSTD

10/19/2007

Electronic Signature of Signing Officer or Director

Date