

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000045931

Entity Name: KARDOMI INC.

FILED
Dec 19, 2007
Secretary of State

Current Principal Place of Business:

401 SW 4TH AVE #806
FORT LAUDERDALE, FL 33315

Current Mailing Address:

6474 BUENA VISTA DRIVE
MARGATE, FL 33063

New Principal Place of Business:

401 SW 4TH AVE
#806
FORT LAUDERDALE, FL 33315

New Mailing Address:

401 SW 4TH AVE
#806
FT LAUDERDALE, FL 33315

FEI Number: 65-0654492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRES, RAUL
401 SW 4TH AVE UNIT 806
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

FABRES, RAUL S PRESIDE
401 SW 4TH AVE UNIT 806
FORT LAUDERDALE, FL 33315 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: RAUL FABRES

12/19/2007

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: P () Delete
Name: FABRES, RAUL
Address: 401 SW 4TH AVE UNIT 806
City-St-Zip: FORT LAUDERDALE, FL 33318

Title: VP () Delete
Name: FABRES, JANET
Address: 801 SW 4TH AVE UNIT 806
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABRES, RAUL S
Address: 401 SW 4TH AVE UNIT 806
City-St-Zip: FORT LAUDERDALE, FL 33315

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: RAUL FABRES

PRES

12/19/2007

Electronic Signature of Signing Officer or Director

Date