2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000048103

Entity Name: ANANDA FLORIDA, INC.

FILED Oct 22, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

601 BRICKELL KEY DRIVE 1541 BRICKELL AVE SUITE 805 APT. #1807 MIAMI, FL 33131 MIAMI, FL 33129

Current Mailing Address: New Mailing Address:

601 BRICKELL KEY DRIVE 301 E COLORADO BLVD. SUITE 805 SUITE 800 MIAMI, FL 33131 PASADENA, CA 91101

FEI Number: 65-0762015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILLANUEVA, CARLOS J ESQ
2100 PONCE DE LEON BLVD #600
CORAL GABLES, FL 33134 US
DOSAMANTES, SUSANA
1541 BRICKELL AVE.
APT. #1807
MIAMI, FL 33129 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: SUSANA DOSAMANTES 10/22/2007

Electronic Signature of Registered Agent Date

Title:

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: PS () Delete

Name:RUL, SUSAN DName:DOSAMANTES, SUSANAAddress:601 BRICKELL KEY DRIVEAddress:1541 BRICKELL AVE. APT. #1807

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33129

Name: ENRIQUE, RUBIO Name: ENRIQUE, RUBIO

Address: 601 BRICKELL KEY DR STE 805 Address: 1541 BRICKELL AVE. APT. #1807

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33129

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: SUSANA DOSAMANTES PS 10/22/2007

Electronic Signature of Signing Officer or Director

Date