2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2005
Secretary of State

DOCUMENT# P96000077166

Entity Name: MAXANDRA INC.

Current Principal Place of Business:

12041 SW 79TH TERR
MIAMI, FL 33183 US

New Principal Place of Business:

11901 SW 64 STREET
MIAMI, FL 33183 US

Current Mailing Address:

12041 S.W. 79TH TERR
MIAMI, FL 33183

New Mailing Address:

11901 SW 64 STREET
MIAMI, FL 33183

FEI Number: 65-0694263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASETLLON, HECTOR O
12041 S.W. 79TH TERR
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

CASETLLON, HECTOR O
11901 SW 64 STREET
MIAMI, FL 33183 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: HECTOR O. CASTELLON 10/18/2005
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: PD ( ) Delete
Name: CASTELLON, HECTOR O
Address: 12041 S.W. 79TH TERR
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete
Name: CASTELLON, MAIRA E
Address: 12041 SW 79TH TERR
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASTELLON, HECTOR O
Address: 11901 SW 64 STREET
City-St-Zip: MIAMI, FL 33183

Title: S (X) Change ( ) Addition
Name: CASTELLON, MAIRA E
Address: 11901 SW 64 STREET
City-St-Zip: MIAMI, FL 33183

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: HECTOR O. CASTELLON P/D 10/18/2005
Electronic Signature of Signing Officer or Director Date