2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000056618

Entity Name: ANESBAR CORPORATION

FILED May 17, 2005 Secretary of State

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

8236 NW 30TH TERRACE MIAMI, FL 33122 US

Current Mailing Address: New Mailing Address:

24 GRANDE BAT ESTATES CIR

KEY BISCAYNE, FL 33149 US

P.O. BOX 490628

MIAMI, FL 33149 US

FEI Number: 65-0773757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BARCIA, RAFAEL 2665 S BAYSHORE DR SUITE 900 MIAMI, FL 33133 US BARCIA, RAFAEL 765 CRANDON BLVD # 308 KEY BISCAYNE, FL 33149 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: RAFAEL BARCIA 05/17/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BARCIA, RAFAEL
 Name:
 BARCIA, RAFAEL

 Address:
 24 GRAND BAY ESTATES CIR
 Address:
 P.O. BOX 490628

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 MIAMI, FL 33149

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BARCIA, NELLY
 Name:
 BARCIA, NELLY

 Address:
 24 GRAND BAY ESTATES CIR
 Address:
 P.O.BOX 490628

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 MIAMI, FL 33149

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: NELLY BARCIA D 05/17/2005