2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000003135

Entity Name: BILTMORE ASSOCIATES, INC.

LOPEZ-CASTRO, CORI

MIAMI, FL 33131

200 S.BISCAYNE BLVD.,STE.2800

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	IORE WAY ABLES, FL 33	3134		
Current Mailing Address:			New Mailing Address:	
881 OCEA UNIT F8 KEY BISC	N DRIVE AYNE, FL 33	149		
FEI Number	: 65-0808731	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	ASTRO, COR CAYNE BLVE 33131 US	D.,STE.2800		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU		PEZ-CASTRO		
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (DUQUE, DIEG 789 CRANDOI KEY BISCAYN	N BLVD #301	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ST (DUQUE DE M 789 CRANDOI KEY BISCAYN	N BLVD #301	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MA () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CORI LOPEZ-CASTRO MA 04/25/2006