APPRUVE

AND

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: 201 ALGO OSCO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000026823 06 JUN 20 AT 10: 50 CASA DE RESORTE PASO FINO, INC. SECRETARY OF STATE
TALLAHASSEE, FLORID. Principal Place of Business Mailing Address 4108 N. 51ST AVE 4108 N. 51ST AVE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business . Mailing Address 8181 NE 3/5TC+ 18181 10122005 CR2E098 (6/04) REIN-P suite buite City & State City & State 4 FFI Number Applied For 65-0821240 Not Applicable 13 ES Country Country \$8.75 Additional 5. Certificate of Status Desired 文 3160 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, PATRICIA L 2222 PONCE DE LEON BLVD, PH SUITE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of redistered agent and title if applicable 100077167631 07/10/06-01003-019 \*\*150.00 FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. **PSTD** TITLE ☐ Delete TITLE ☐ Addition OLSEN, ZARELLA M 1000077167631 NAME STREET ADDRESS 4108 N 51 AVE STREET ADDRESS 07/10/06--01003--020 \*\*i50.00 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME 100077167631 STREET ADDRESS STREET ADDRESS 07/10/06--01003--021 CITY-ST-ZIP CITY-ST-ZIP \*\*8.75 ☐ Change ☐ Defete ☐ Addition TITLE TITLE 100077157631 STREET ADDRESS STREET ADDRESS 07/10/06--01003--022 \*\*5.00 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delcte TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath, 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 in Block 10 or Block 11 if empowered.

6/29 av

914.23.28

Miami, Florida. April 20th, 2006.

TO: Division of Corporations P.O Box 6198 Tallahassee, Fl. 32314

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RE: 2005,2006 For Profit Corporation Reinstatement payment, and Change of address for :

Casa de Resorte Paso Fino, INC. FEI: 65-0821240 18181 NE 31st. CT. suite 1501 Aventura, Fl. 33160

Dear Officer of Division of Corporations;

Please find enclosed the 2005 For Profit Corporation Reinstatement along with the appropriate payment. Also enclosed the checks 1865,1863, and 1864 corresponding to the year 2006 For Profit Corporation Reinstatement that I have not received yet and it was not possible to pay over the internet. Note that a change of address was done, also over the internet, in last August and to my surprise your records have not been updated yet. Please I ask you to kindly update my records with my above address.

Thank you for your help. Regards,

Zarela Olsen

18181 NE 31st. CT. suite 1501

Aventura, Fl. 33160 Mobile: 954 914 2328 zarela@bellsouth.net