2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# P98000037868

Entity Name: CASA CERRUTI INT. LIMITED, INC.

Current Principal Place of Business:

1960-1 N COMMERCE PKWY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1960-1 N COMMERCE PKWY
WESTON, FL 33326

New Mailing Address:

1683 ZENITH WAY
WESTON, FL 33327

FEI Number: 65-0930666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARDILA, ALBERTO
325 LAKE VIEW DR
BLDG 39-204
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ARDILA, ALBERTO
1683 ZENITH WAY
WESTON, FL 33327 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: ALBERTO ARDILA 10/07/2005
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: DVPT ( ) Delete
Name: CERRUTI, FAUSTO
Address: CALLE D RES. AHOMA PH7,SANTA ROSE DE LIMA
City-St-Zip: CARACAS,VENEZULA,

Title: DPS ( ) Delete
Name: ARDILA, ALBERTO
Address: 325 LAKEVIEW DR BLDG 39-204
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change ( ) Addition
Name: ARDILA, ALBERTO
Address: 1683 ZENITH WAY
City-St-Zip: WESTON, FL 33327

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: ALBERTO ARDILA MR. 10/07/2005
Electronic Signature of Signing Officer or Director Date