2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P98000047537

Entity Name: MORETTI, INC.

Current Principal Place of Business:

5442 SUNRISE BLVD.
DELRAY, FL 33484

New Principal Place of Business:

Current Mailing Address:

5442 SUNRISE BLVD.
DELRAY, FL 33484

New Mailing Address:

FEI Number: 20-1753953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONSULTING SOLUTIONS, INC.
939 SW 149TH TER.
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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: MARK LUCIANI, PRESIDENT

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: DP ( ) Delete
Name: INCHAUSTI, CARLA M
Address: 124 E ORCHARD RIDGE LANE
City-St-Zip: BOCA RATON, FL 33431

Title: DVP (X) Delete
Name: INCHAUSTI, MARIO
Address: 124 E ORCHARD RIDGE LANE
City-St-Zip: WEST PALM BEACH, FL 33421

Title: D (X) Delete
Name: MORETTI, CARLA M
Address: 5442 SUNRISE BLVD.
City-St-Zip: DELRAY, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MORETTI, CARLA M
Address: 5442 SUNRISE BLVD.
City-St-Zip: DELRAY, FL 33484

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

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

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: CARLA M MORETTI P 04/25/2005

Electronic Signature of Signing Officer or Director Date