

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY 11 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056792	
1. Entity Name AHUMADOS NORUEGOS (USA), INC.	



Principal Place of Business 14025 SW 142 AVE 3 MIAMI, FL 33186	Mailing Address 14025 SW 142 AVE 3 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami * FL. Zip 33131 Country USA
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04272007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent FERNANDEZ-ARCHE, RAUL 14025 SW 142 AVE 3 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Transglobal Corporate Administration LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive Suite 0-305 City Miami State FL Zip Code 33131	
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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 registered agent and title if applicable.	DATE 04/30/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ-ARCHE, RAUL 14025 SW 142 AVE # 3 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	As Stephen Freeman 520 Brickell Key Drive Suite 0-305 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000103605920 05/31/07--01022--012 **900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 04/30/07 Daytime Phone # 305-374-3800

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