

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000080610

FILED
Sep 22, 2005
Secretary of State

Entity Name: LATINFOOD NETWORK CORPORATION

Current Principal Place of Business:

1200 BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

5201 BLUE LAGOON DR
927
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOONDR
H-805
MIAMI, FL 33126

New Mailing Address:

5201 BLUE LAGOONDR
927
MIAMI, FL 33126

FEI Number: 65-0906489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEILL, ROBERTO A
5201 BLUE LAGOONDR.
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

WEILL, ROBERTO A
5201 BLUE LAGOONDR.
927
MIAMI, FL 33126 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: ROBERTO A. WEILL

09/22/2005

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: PSD () Delete
Name: WEILL, ROBERT A
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: CAREY, JOHN
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GOLDBERG, RAY
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: MINSKI, MEYER
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: SKOL, MICHAEL
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: DE CESPEDES, CARLOS
Address: 5201 BLUE LAGOON DR SUITE 805
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERTO A. WEILL

PSD

09/22/2005

Electronic Signature of Signing Officer or Director

Date