

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000107624

FILED
Oct 04, 2004
Secretary of State

Entity Name: MIRACLE CONSULTING GROUP, INC.

Current Principal Place of Business:

2255 GLADES ROAD
SUITE 324, ATRIUM
BOCA RATON, FL 33431

New Principal Place of Business:

2255 GLADES ROAD
SUITE 324, ATRIUM
BOCA RATON, FL 33431 US

Current Mailing Address:

499 E PALMETTO PARK RD
207
BOCA RATON, FL 33432

New Mailing Address:

499 E. PALMETTO PARK ROAD
207
BOCA RATON, FL 33432 US

FEI Number: 65-0910740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TKONCONE, MONIQUE CPA
499 E PALMETTO PARK RD
207
BOCA RATON, FL 334375080 US

Name and Address of New Registered Agent:

TRONCONE, MONIQUE CPA
499 E. PALMETTO PARK ROAD
207
BOCA RATON, FL 33432 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: MONIQUE TRONCONE, CPA

10/04/2004

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: P () Delete
Name: CAKKAKA, WALTER
Address: AVENIDA INSURGENTES SUR 800 P8
City-St-Zip: COLONIA DEL VALLE 03100,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARRARA, WALTER
Address: AVENIDA INSURGENTES SUR 800, P8, COLONIA
City-St-Zip: DEL VALLE, MEXICO CITY, DF 03100 MX

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: WALTER CARRARA

PD

10/04/2004

Electronic Signature of Signing Officer or Director

Date