


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY -3 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041524
1. Entity Name
MARSHALL, AMAYA & ANTON, P.A.



Principal Place of Business
3663 S. MIAMI AVENUE
MIAMI, FL 33133

Mailing Address
3663 S. MIAMI AVENUE
MIAMI, FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3618 Palmetto Ave.
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33133 MIAMI-DADE



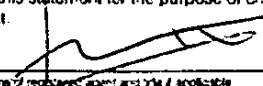
6. Name and Address of Current Registered Agent

AMAYA, JORGE P
6575 SW 98 STREET
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name XAVIER ANTON
Street Address (P.O. Box Number is Not Acceptable)
3629 Palmetto Avenue
City MIAMI FL Zip Code 33133

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:  XAVIER ANTON, OFFICER 5/1/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, JOHN 4530 NW 23RD TERR BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTON, XAVIER 3829 PALMETTO AVE COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMAYA, JORGE 6575 SW 98 STREET MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  XAVIER ANTON 5/1/06 4445495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Number

K. Eckel MAY 10 2006