



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000074236 1. Entity Name EAFF (USA), INC.						FILED 05 MAY -2 AM 9:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8840 NW 102 ST MIAMI, FL 33178 US				Mailing Address 8840 NW 102 ST MIAMI, FL 33178 US			
2. Principal Place of Business None		3. Mailing Address 4206 Laguna St.		 REINSTATEMENT 04/05 04292005 REIN CRZE008 1/04			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Coral Gables FL		City & State Coral Gables FL					
Zip 33146		Country		4. FEI Number 65-0965498		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SAGEL, GERMAN 8840 NW 102 ST MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Aida Shafer Street Address (P.O. Box Number is Not Acceptable) 4206 Laguna St. City Coral Gables FL Zip Code 33146			
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 <u><i>Aida V. Shafer</i></u> Aida V. Shafer <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGEL, GERMAN <input checked="" type="checkbox"/> Delete 701 NW 111TH CT APT #8 MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300055329053 05/25/05--01038--018 **\$300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO <input type="checkbox"/> Delete VELEZ, JOSEPH 2949 NW 6 AVE WILTON MANORS, FL 33311			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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sagel, Rodolfo c/o 4206 Laguna St. Coral Gables FL 33146		
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		
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 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 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: <u><i>Rodolfo Sagel</i></u> Director <u>4/29/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							