2007 FOR PROFIT CORPORATION REINSTATEMENT

KEI	NSTATEMENT			_			
DOCUMENT # S23075 1. Entity Name St. Column Scopper Attack						FILED	
FILGUEIRAS CORPORATION						OCT 29 AM	•
Principal Place of Business Mailing Address 6718 S.W. 40TH ST. 6718 S.W. 40TH ST.					iĀĪ	um Jan (E Lahassee, F	STATE LORIDA
MIAMI, FL 33155 MIAMI, FL 33155				1 18811818 111		818) 818 818 818 818 8	4811881 14 1881
Principal Place of Business - No P.O. Box # 3. Mailing Address						11.00	
Suite, Apt. #, etc. Suite, Apt. #, etc				102 PEINSTATEMENT 07			
City & State	City & State	, , , , , , , , , , , , , , , , , , , ,		4. FEI Number 65-073			Applied For Not Applicable
Zip Country	Zip -	Country		<u> </u>	of Status Desired	\$8.75 Ai	
6. Name and Address of Current Registered Agent Name				7. Name and	Address of New Re	egistered Agent	
FILGUEIRAS, LUIS 11790 S.W. 18TH ST. MIAMI, FL 33175			Street Address (P.O. Box Number is Not Acceptable)				
WINGE SOTTO			City		,	E ∎ Zip Co	do
							Ī
The above named entity submits this the obligations of registered agent.	statement for the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flor	rida. I am familiar with	n, and accept
TO VIA TO TO TO THE STATE OF TH							
SIGNATURE 1000 by 1000 or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150 After January 1, 2008, Fee will						ith s. 607.193(2)(b not receive the prior	
	ICERS AND DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
ITLE PD	☐ Delete	TITLE	1			Change	☐ Addition
	FILGUEIRAS, MARIA P RESS 15325 S.W. 58TH STREET		ET ADDRESS	, ,	Turkt tit e	-1 2**** -**** -****	
CITY-ST-ZIP MIAMI, FL 33193	MIAMI, FL 33193		- ST - ZIP		3/0701067	463336 '014 **15	50.00
TITLE SD	Doncto		1			☐ Change	
NAME NAVIDADES, NURIA STREET ADDRESS 15788 SW 53 TERRA	CF	NAMI STRE	E ET ADDRESS				
CITY-ST-ZIP MIAMI, FL 33185			-ST-ZIP				
TITLE	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	19/0/0	NAMI	E E1 ADDRESS				
CITY-ST-ZIP	11 (0/3/		-ST-ZIP				
TITLE	☐ Delete	TITLE				Change	Addition
NAME		NAM					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP				
TITLE	☐ Delete	TITLE				☐ Change	Addition
NAME		NAM					1
STREET ADORESS CITY-ST-ZIP			ET ADDRESS - S1 - ZIP				
TITLE	□ Delete	TITLE				Change	Addition
NAME		NAM					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP				
I hereby certify that the information s indicated on this report or suppleme	supplied with this filing does not qualify for intal report is true and accurate and that in further emonwhered to execute this report.	r the exe	emptions contained ture shall have the	same legal effect	t as if made under o	ath; that I am an office	er 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: 10-24-07 SIGNATURE AND TYPED OR PRINTED NAME OF PRIGHT OF DIRECTOR Date Date							