2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06322

City-St-Zip: HUMACAO, PR 00791

Entity Name: KANE CARIBBEAN IN

FILED Aug 18, 2006 Secretary of State

Entity Na	me: KANE CA	ARIBBEAN, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
7601 N.W. 72ND AVENUE MIAMI, FL 33166			BO. CANDELARIA CARR #2 K.M. 17.0 TOA BAJA, PR 0094		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7601 N.W. 72ND AVENUE MIAMI, FL 33166			PO BOX 366307 SAN JUAN, PR 0093	PO BOX 366307 SAN JUAN, PR 00936	
FEI Number	: 66-0386477	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	WANDA LWATER DR. E, FL 34744	US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE: WANDA	TORRES			
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (BENITEZ, PED PR-937 KM.3.0 LAS PIEDRAS,	ı	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MANSILLA MEI	SAN BENITO CALLE 1 CASA 15-A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TABALES TOLI	ALLE VERDE #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CRESPO GON) Delete ZALEZ, JORGE L A BONITA BO.VALENCIANO 00777	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	MALDONADO,) Delete AMA M S DE HUMACAO CALLE A BLOQUE A	Title: Name: A- Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: PEDRO F BENITEZ PD 08/18/2006