

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000077150

FILED
Dec 08, 2004
Secretary of State

Entity Name: PELLEGRINO, INC.

Current Principal Place of Business:

150 S.E. 2ND AVENUE
SUITE 1010
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 S.E. 2ND AVENUE
SUITE 1010
MIAMI, FL 33131

New Mailing Address:

2899 COLLINS AVE
SUITE 1029
MIAMI BEACH, FL 33140

FEI Number: 42-1546974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA ESQ.
150 S.E. AVENUE
SUITE 1010
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

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: DPTS () Delete
Name: PELLEGRINO, CARMELO
Address: 255 W 24 ST
City-St-Zip: MIAMI BCH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: PELLEGRINO, CARMELO
Address: 2899 COLLINS AVE, SUITE 1029
City-St-Zip: MIAMI BEACH, FL 33140

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: CARMELO PELLEGRINO

DPTS

12/08/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date