

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000016768

Entity Name: SOMOS TU VOZ, INC.

FILED
Nov 03, 2009
Secretary of State

Current Principal Place of Business:

22614 LAURELDALE DR
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

22614 LAURELDALE DR
LUTZ, FL 33549

New Mailing Address:

FEI Number: 26-2020177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, JOSE S
22614 LAURELDALE DR
LUTZ, FL 33549 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: JOSE S RAMOS

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: PD () Delete
Name: RIOS, MARIA L
Address: 22614 LAURELDALE DR
City-St-Zip: LUTZ, FL 33549

Title: ST () Delete
Name: RIOS, XAVIER
Address: 22614 LAURELDALE DR
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: RIOS, CHRISTOPHER
Address: 22614 LAURELDALE DR
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: MARISSA, RIOS
Address: 22614 LAURELDALE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MARIA L RIOS

Electronic Signature of Signing Officer or Director

PRES

11/03/2009

Date