

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F73782

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** PAM'S INTERNATIONAL NURSES TUTORING AND PLACEMENT BUREAU, INC.

**Current Principal Place of Business:**

8217 BISCAYNE BLVD.  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8217 BISCAYNE BLVD.  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 59-2142616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, HILDA  
8217 BISCAYNE BLVD.  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

GREEN, PAMELA  
8217 BISCAYNE BLVD.  
MIAMI, FL 33138 US

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: PAMELA GREEN

05/06/2009

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: GREEN, PAMELA  
Address: 8217 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

Title: STD (X) Delete  
Name: ALLEN, HILDA  
Address: 8217 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: GREEN, PAMELA  
Address: 8217 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

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: PAMELA GREEN

PR

05/06/2009

Electronic Signature of Signing Officer or Director

Date