

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M62146

Entity Name: AAMOR FLORES, INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

1516B PONCE DE LEON BLVD
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

1516B PONCE DE LEON BLVD
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0012127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOSA, FIDEL
1516 PONCE DE LEON
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LINARES, CARLOS A
1516 PONCE DE LEON
CORAL GABLES, FL 33134 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: CARLOS ALBERTO LINARES

09/29/2009

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: D () Delete
Name: ESPINOSA, FIDEL
Address: 1516 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LINARES, CARLOS A
Address: 1516 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS ALBERTO LINARES

D

09/29/2009

Electronic Signature of Signing Officer or Director

Date