

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006242

FILED
Oct 19, 2004
Secretary of State**Entity Name:** PENSION EDUCATION & ASSISTANCE PROGRAM, INC.**Current Principal Place of Business:**3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FL 33165**New Principal Place of Business:**1811 SW 104TH AVENUE
MIAMI, FL 33165**Current Mailing Address:**3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FL 33165**New Mailing Address:**1811 SW 104TH AVENUE
MIAMI, FL 33165**FEI Number:** 20-0096866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SUAREZ, VICTOR M ESQ.
3850 S.W. 87TH AVENUE
SUITE 203
MIAMI, FL 33165 US**Name and Address of New Registered Agent:**EDUARDO, FERMOSELLE CRC
1811 SW 104TH AVENUE
MIAMI, FL 33165 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: EDUARDO FERMOSELLE

10/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: FERMOSELLE, EDUARDO
Address: 3850 S.W. 87TH AVENUE SUITE 203
City-St-Zip: MIAMI, FL 33165**Title:** D (X) Delete
Name: SUAREZ, VICTOR M ESQ.
Address: 3850 S.W. 87TH AVENUE SUITE 203
City-St-Zip: MIAMI, FL 33165**Title:** D () Delete
Name: VIOTA, LEONARDO M ESQ.
Address: 3850 S.W. 87TH AVENUE SUITE 203
City-St-Zip: MIAMI, FL 33165**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: VIOTA, LEONARDO M ESQ.
Address: 1811 SW 104TH AVENUE
City-St-Zip: MIAMI, FL 33165

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO FERMOSELLE

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10/19/2004

Electronic Signature of Signing Officer or Director

Date