

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000000462

FILED
May 06, 2009
Secretary of State

Entity Name: RED FEMINISTA CUBANA, INC.

Current Principal Place of Business:

8500 SW 8 STREET
SUITE 266
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8500 SW 8 STREET
SUITE 266
MIAMI, FL 33144

New Mailing Address:

8500 SW 8TH STREET
SUITE 266
MIAMI, FL 33144

FEI Number: 14-1907893 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:

FUENTES, ILEANA
5900 SW 58 TERRACE
SOUTH MIAMI, FL 33143 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: ILEANA FUENTES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BALBIN, MARIBEL
Address: 8346 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: DIAZ, CARMEN DR.
Address: 9421 SW 12 STREET
City-St-Zip: MIAMI, FL 33174

Title: P () Delete
Name: FUENTES, ILEANA
Address: 5900 SW 58 TERRACE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: V () Delete
Name: GOMEZ, SANDRA DR.
Address: 3522 OAKDALE DR.
City-St-Zip: BIRMINGHAM, AL 35223

Title: S () Delete
Name: GUINOT, SANDRA
Address: 8500 SW 8 STREET NO. 266
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: VALLS, JULIETA N
Address: 8500 SW 8 STREET NO. 266
City-St-Zip: MIAMI, FL 33144

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:

Title: D (X) Change () Addition
Name: MIRANDA, NORMA
Address: 8500 SW 8 STREET NO. 266
City-St-Zip: MIAMI, FL 33144

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

SIGNATURE: ILEANA FUENTES

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date