

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008875

FILED
Dec 09, 2009
Secretary of State

Entity Name: HACIENDO AMIGOS, INC.

Current Principal Place of Business:

25 NW 10 AVENUE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

25 NW 10 AVENUE
MIAMI, FL 33130

New Mailing Address:

3520 NW 95 STREET
MIAMI, FL 33147

FEI Number: 26-3414652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MORENO, LUZ M
1036 NW 5 STREET
3
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

MORENO, LUZ M
3520 NW 95 STREET
MIAMI, FL 33147 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: LUZ M. MORENO

12/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORELLANA, OLIMPIA
Address: 1953 SW 12 STREET
City-St-Zip: MIAMI, FL 33135

Title: VP, () Delete
Name: MORENO, LUZ M
Address: 1036 NW 5 STREET, APT. 3
City-St-Zip: MIAMI, FL 33128

Title: S () Delete
Name: MORENO, REINERIO
Address: 1036 NW 5 STREET, APT. 3
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENA DE CRUZ, LUZ M
Address: 3520 NW 95 STREET
City-St-Zip: MIAMI, FL 33147

Title: VP, (X) Change () Addition
Name: ORELLANA, OLIMPIA
Address: 1953 SW 12 STREET
City-St-Zip: MIAMI, FL 33135

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: LUZ MARIA PENA DE CRUZ

P

12/09/2009

Electronic Signature of Signing Officer or Director

Date