2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009635

-tit. Name: DULL DOC DEDATE DOCCTED

FILED Nov 06, 2009 Secretary of State

Entity Name: BULLDOG DEBATE BOOSTER - INC.				
Current Principal Place of Business:		New Princ	ipal Place of Business:	
CVS PLAZ SUITE #14 MIAMI, FL				
Current Mailing Address:		New Maili	New Mailing Address:	
CVS PLAZ SUITE #14 MIAMI, FL				
FEI Number: In accordance	26-3532755 FEI Number Applied For () For with s. 607.193(2)(b), F.S., the corporation did not reconstructed.	El Number Not Appl ceive the prior notic		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
FERRER, 0 3165 SW 1 MIAMI, FL	53RD AVE			
The above in the State	named entity submits this statement for the purper of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE: CAROL CECIL			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PASTOR, JAREK 5630 NW 114TH PATH-UNIT #213 DORAL, FL 33178	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CRUZ, GUSTAVO 15041 SW 23RD LANE MIAMI, FL 33185	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BARROSO, MIRTA 2423 SW 147TH AVE #144 MIAMI, FL 33185	
Title: Name: Address: City-St-Zip:	VP () Delete BARROSO, MIRTA 421 NW 136TH AVE MIAMI, FL 33182	Title: Name: Address: City-St-Zip:	S (X) Change () Addition GHAZI, MARIA 2423 SW 147TH AVE #144 MIAMI, FL 33185	
Title: Name: Address: City-St-Zip:	S () Delete GHAZI, MARIA 11419 SW 4TH ST MIAMI, FL 33174	Title: Name: Address: City-St-Zip:	T (X) Change () Addition GUTIERREZ, JULIO 2423 SW 147TH AVE #144 MIAMI, FL 33185	
Title: Name:	T (X) Delete GUTIERREZ, JULIO	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAREK PASTOR P 11/06/2009

15103 SW 11TH LANE

MIAMI, FL 33194

Address:

City-St-Zip: