	, PLEASE READ	ALL INSTRUCT		7	ING EDIS FUNIVI.	1	
REIN	PLICATION FOR STATEMENT	FLORIDA DI PAR Kamerin Secretar DIVISION OF	MANTO STATE		SECRETARY OF STATE TALLAHASSEE, FLORIDA	THE PERSONNEL PROPERTY OF THE PERSONNEL PROP	
DOCUMENT # P0000051219 1. Corporation Name				01 OCT 24 PM 12: 39			
AMERI	CAN MARKETING PROF	ESSIONALS, INC	C .			and College	
Principal Place of Business		Mailing Address				ŀ	
29925 G W-172ND-GOURT HOMESTEAD FL 39986		29929 3 W 172ND COURT- -HOMESTEAD FL 33090-				v eou era, se va	
If above a	addresses are incorrect in any way, line thro	ugh incorrect information ar	nd enter correction below.				
2. New Principal Office Address, If Applicable Road Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 18540 Sw 88 Rodd Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 05/19/2000			
City & State	·	City & State	mi FC	5. FEI Number 6.	Not Applicable	<u></u>	
25	157 USA	33151	HZU	<u> </u>	OF STATUS DESIRED for a Certificate of Status	ļ	
	and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofi	t corporations must list at lease Street Address of Each				
Title(s)	itle(s) 2 and/or Directors 3		Officer and/or Director		City / State / Zip		
PD	BARRIENTOS, PABLO 29925 S W 172N			HOMESTEAD FL 33030			
			,		·		
				70	000046793876 -11/14/0101089009 ****150.00 ****150.00		
					****158.00 ****150.80		
					SP.]	
	8. Name and Address of Current F	Registered Agent		9. Name and	Address of New Registered Agent		
Name						3/01)	
	ENTOS; PABLO S W 172ND COUR T 1254	SW 88 PD			is Not Acceptable)	R2E040 (8/01)	
	STEAD FL 83030	i, FL. 33		3540	sm && Road	S	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	City MIAMI State Zip Code FL 33157			
10. I, being Signature o Registered	Agent		amiliar with and accept the o				
this rein	statement application, the reason for disso	lution has been eliminated, t ames of individuals listed or	he corporate name satisfies this form do not qualify for	the requirements an exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated		

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10 19 2001 305-793 1357
Date Daytime Phone #

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merican Marketing Professionals Inc. 18540 SW 88 RD. MIAMI, FL. 33157 (305) 793-1357 FAX- (305) 378-2080

Friday, October 19, 2001

To: State of FL. Division of Corporations P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

I, Pablo Barrientos, hereby swear and attest that I did not receive form 201. COR Profit A/R due to my moving from the address your office had on file.

It is my first year of incorporation and I was not made aware of your filing requirements.

If there are any problems please contact me at your earliest convenience.

Thank you,

Pablo G. Barrientes