## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000018601

**Entity Name: PW HOLDINGS CORPORATION** 

FILED Oct 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

150 SE 2 AVE., STE 1200 5481 NW 159 ST MIAMI, FL 33131 MIAMI, FL 33014

**Current Mailing Address: New Mailing Address:** 

1001 BRICKELL BAY DRIVE, SUITE 1400 5481 NW 159 ST ATTN BORIS ROSEN MIAMI, FL 33014 MIAMI, FL 33131

FEI Number: 36-4520427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSEN, BORIS STUART, WILLIAMS 1001 BRICKELL BAY DRIVE 5481 NW 159 ST US **SUITE 1400** MIAMI, FL 33014 MIAMI, FL 33131 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: STUART WILLIAMS 10/02/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition PACKER, JORGE A SERGIO, KOMPEL Name: Name:

1001 BRICKELL BAY DRIVE, SUITE 1400 Address: 5481 NW 159 ST Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33014

Title: PS Title: DIRE (X) Change ( ) Addition () Delete KOMPEL, SERGIO N Name: Name: PACKER, ALAN

1001 BRICKELL BAY DRIVE, SUITE 1400 5481 NW 159 ST Address: Address: MIAMI, FL 33131 MIAMI, FL 33014 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete DIRE (X) Change ( ) Addition

KOMPEL, PABLO J Name: PABLO, KOMPEL Name: 1001 BRICKELL BAY DRIVE, SUITE 1400 5481 NW 159 ST Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33014

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

SIGNATURE: SERGIO KOMPEL PS 10/02/2008