

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000089287

FILED  
Sep 13, 2006  
Secretary of State

Entity Name: A. & M. SUN CARE CORPORATION

## Current Principal Place of Business:

2901 SW 7TH STREET  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

2901 SW 7TH STREET  
MIAMI, FL 33135

## New Mailing Address:

4225 BAY POINT ROAD  
MIAMI, FL 33137

FEI Number: 14-1843473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEJO, ALEXANDER  
1660 S TREASURY DR  
NORTH BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

FARAH, CARLOS M  
999 PONCE DE LEON BLVD.  
SUITE 625  
CORAL GABLES, FL 33134 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: CARLOS FARAH

09/13/2006

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:

Title: PTD ( ) Delete  
Name: ALEJO, ALEXANDER  
Address: 1660 S TREASURY DR  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VD (X) Delete  
Name: BARREAL, ROSALINA  
Address: 1660 S TREASURY DR  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: SD ( ) Delete  
Name: SUAREZ, MARLENE  
Address: 1660 S TREASURY DR  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALEJO, ALEXANDER  
Address: 2901 SW 7TH STREET  
City-St-Zip: MIAMI, FL 33135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SUAREZ, MARLENE  
Address: 2901 SW 7TH STREET  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDER ALEJO

PRES

09/13/2006

Electronic Signature of Signing Officer or Director

Date