## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000098953

Entity Name: LA PERLA 2909, CORP.

**FILED** Sep 23, 2005 Secretary of State

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

1760 COLLINS AVE. 304 PALERMO AVE. SUNNY ISLES, FL 33160 FIRST FLOOR

CORAL GABLES, FL 33134

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

304 PALERMO AVE 1760 COLLINS AVE SUNNY ISLES, FL 33160 FIRST FLOOR

CORAL GABLES, FL 33134

FEI Number: 52-2377285 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GRISALES, OSCAR MOFFAT, ANA L CPA 304 PALÉRMO AVE 1911 HARRISON STREET HOLLYWOOD, FL 33020 US FIRST FLOOR

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: ANA L MOFFAT, CPA 09/23/2005

> 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: PD () Delete Title: (X) Change ( ) Addition MELLA, ALBINO Name: Name: MELLA, ALBINO 17600 COLLINS AVE 304 PALERMO AVE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: CORAL GABLES, FL 33134

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

MELLA, LEONARDO D Name: Name: MELLA, LEONARDO D 17600 COLLINS AVE 304 PALERMO AVE Address: Address: SUNNY ISLES, FL 33160 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

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

MELLA, JAVIER E MELLA, JAVIER E Name: Name: 17600 COLLINS AVE 304 PALERMO AVE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: CORAL GABLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBINO MELLA PD 09/23/2005