

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 APR 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000040945			
1. Entity Name MILAGROS PEREZ INC			
Principal Place of Business 167 E 16 STREET HIALEAH, FL 33010 US		Mailing Address 167 E 16 STREET HIALEAH, FL 33010 US	
2. Principal Place of Business		3. Mailing Address 81 E 43 ST	
Suite, Apt. #, etc. 81 E 43 ST		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
4. FEI Number 52 0458295		Applied For Not Applicable	
Zip 33013		Country	
Zip 33013		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, MILAGROS 167 E 16 STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 81 E 43 ST	
		City Hialeah	
		FL Zip Code 33013	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Milagros Perez</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, MILAGROS 167 E 16 STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 E 43 ST HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300053920453 05/05/05--01052--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 01-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Milagros Perez</i>		Date	
Signature and typed or printed name of signing officer or director		Daytime Phone #	