

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000047668

**FILED**  
**Nov 12, 2007**  
**Secretary of State**

**Entity Name:** MALL WALL BARRICADES OF AMERICA INC.

**Current Principal Place of Business:**

8443 SAWPINE RD  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

8443 SAWPINE RD  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 42-1590644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLARA, SHVARTSMAN  
8443 SAWPINE RD  
SUITE K  
DELRAY BEACH, FL 33446 US

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

KLARA, SHVARTSMAN  
8443 SAWPINE RD  
DELRAY BEACH, FL 33446 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: KLARA SHVARTSMAN

11/12/2007

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: D ( ) Delete  
Name: HANNELIUS, ERIC  
Address: 8443 SAWPINE RD  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete  
Name: SHVARTSMAN, KLARA  
Address: 8443 SAWPINE RD  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SHVARTSMAN, KLARA  
Address: 8443 SAWPINE RD  
City-St-Zip: DELRAY BEACH, FL 33446 US

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

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: KLARA SHVARTSMAN

CEO

11/12/2007

Electronic Signature of Signing Officer or Director

Date