2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2005
Secretary of State

DOCUMENT# P04000089907

Entity Name: THE PERFECTO STITCH, CORP.

Current Principal Place of Business:

5001 W. ATLANTIC AVE.
DELRAY BCH, FL 33445

New Principal Place of Business:

13214 HAMLIN BLVD
WEST PALM BEACH, FL 33412

Current Mailing Address:

5001 W. ATLANTIC AVE.
DELRAY BCH, FL 33445

New Mailing Address:

13214 HAMLIN BLVD
WEST PALM BEACH, FL 33412

FEI Number: 20-1231972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOZA, CLAUDIA M
13214 HAMLIN BLVD.
W. PALM BCH, FL 33412 US

Name and Address of New Registered Agent:

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: CLAUDIA ESPINOZA
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: PD ( ) Delete
Name: ESPINOZA, CLAUDIA M
Address: 13214 HAMLIN BLVD.
City-St-Zip: W. PALM BCH, FL 33412

Title: VD ( ) Delete
Name: GUTIERREZ, LUIS G
Address: 13214 HAMLIN BLVD.
City-St-Zip: W. PALM BCH, FL 33412

Title: TD ( ) Delete
Name: MORANTE, ANA M
Address: 13214 HAMLIN BLVD.
City-St-Zip: W. PALM BCH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CLAUDIA ESPINOZA PD 11/02/2005
Electronic Signature of Signing Officer or Director Date