

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000098888

FILED
Jul 13, 2006
Secretary of State

Entity Name: PERFECT FRAMING CORPORATION

Current Principal Place of Business:

1219 SOUTH BEACH STREET
2040
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1219 SOUTH BEACH STREET
2040
DAYTONA BEACH, FL 32114

New Mailing Address:

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

Name and Address of Current Registered Agent:

SLY, CLAUDIA
524 S. SEGRAVE STREET
10
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

MENDEZ, LEONEL
1320 HAND AVE
56
ORMOND BEACH, FL 32174 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: LEONEL MENDEZ

07/13/2006

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: P () Delete
Name: MENDEZ, LEONEL G
Address: 1219 SOUTH BEACH STREET, # 2040
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: MENDEZ, BLANCA E
Address: 1219 SOUTH BEACH STREET, # 2040
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: PAJARO, CHRISTIAN
Address: 1219 SOUTH BEACH STREET, # 2040
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENDEZ, LEONEL G
Address: 1320 HAND AVE # 56
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Change () Addition
Name: MENDEZ, BLANCA E
Address: 1320 HAND AVE # 56
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: PAJARO, CHRISTIAN
Address: 1320 HAND AVE # 11
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Change (X) Addition
Name: AGUIRRE, HUGO
Address: 1320 HAND AVE # 54
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP () Change (X) Addition
Name: VANEGAS, NOEL
Address: 1320 HAND AVE # 54
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP () Change (X) Addition
Name: VILLA, EDGAR
Address: 21 UNIVERSITY CR
City-St-Zip: DELAND, FL 32724 US

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: LEONEL MENDEZ

P

07/13/2006

Electronic Signature of Signing Officer or Director

Date