## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000099145

Entity Name: OWNER SELLS, INC.

FILED Oct 07, 2005 Secretary of State

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

19310 W OAKMONT DR. 8249 NW 36TH STREET MIAMI, FL 33015

117 MIAMI, FL 33166

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

19310 W OAKMONT DR. **8249 NW 36TH TREET** MIAMI, FL 33015

MIAMI, FL 33166

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

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

ESCALONA, GUILLERMO CARDENAS, VIVIAN S 19310 W OÁKMONT DR. 8826 W FLAGLER ST MIAMI, FL 33015 228 MIAMI, FL 33174 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: VIVIAN S CARDENAS 10/07/2005

> 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:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete ESCALONA, GUILLERMO CARDENAS, VIVIAN S Name: Name: 19310 W OAKMONT DR. Address: 8826 W FLAGLER ST #228 Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33174

Title: () Delete Title: ( ) Change (X) Addition ESCALONA, GUILLERMO M Name: Name: Address: Address: 337 E 42 STREET HIALEAH, FL 33013 City-St-Zip: 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: VIVIAN S CARDENAS PD 10/07/2005