## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000108012

Entity Name: FOREX24HRS, INC.

FILED Jun 12, 2007 Secretary of State

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

P.O. BOX 31-0817 50 SW 10TH STREET MIAMI, FL 33231 # 632

MIAMI, FL 33230

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

3303 GRAND AVENUE 50 SW 10TH STREET # 632

STE. 303

COCONUT GROVE, FL 33133 MIAMI, FL 33130

FEI Number: 20-1394799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SARMIENTO, LUIS G SARMIENTO, LUIS G

3303 GRAND AVENUE 632 SW10 ST

STE. 303 #632 COCONUT GROVE, FL 33133 US MIAMI, FL 33130 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: LGS 06/12/2007 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

SARMIENTO, LUIS G SARMIENTO, LUIS G Name: Name: P.O. BOX 31-0817 50 SW 10TH STREET Address: Address: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33231 City-St-Zip:

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete

SARMIENTO, DARIO SARMIENTO, DARIO Name: Name: P.O. BOX 31-0817 50 SW 10TH STREE #632 Address: Address: MIAMI, FL 33231 MIAMI, FL 33130 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: T S T. S (X) Change ( ) Addition VALLE, GEORGE F SARMIENTO, GUILLERMO A Name: Name: P.O. BOX 31-0817 50 SW 10TH STREET # 632 Address: Address: City-St-Zip: MIAMI, FL 33231 City-St-Zip: MIAMI, FL 33130

Title: () Delete Title: ( ) Change (X) Addition

SARMIENTO, MARY D Name: Name: Address: Address: 50 SW 10TH STREET City-St-Zip: City-St-Zip: MIAMI, FL 33130

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.

Ρ SIGNATURE: LGS 06/12/2007