

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000123001

Entity Name: ARMANDEUS COCONUT GROVE, CORP

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

3138 COMMODORE PLAZA
UNIT 1-2
COCONUT GROVE, FL 33133

New Principal Place of Business:

500 BRICKELL AVENUE
STE. F
MIAMI, FL 33130

Current Mailing Address:

3138 COMMODORE PLAZA
UNIT 1-2
COCONUT GROVE, FL 33133

New Mailing Address:

500 BRICKELL AVENUE
STE. F
MIAMI, FL 33130

FEI Number: 20-1540834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERLUISSI, MARY
2700 GLADES CIRCLOE
SUITE 137
WESTON, FL 33327 US

Name and Address of New Registered Agent:

ALOM, ALFREDO E
500 BRICKELL AVENUE
STE. F
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: ALFREDO ALOM

10/14/2009

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: JIMENEZ, HERMELINDA
Address: 3138 COMMODORE PLAZA
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: NICASTRO, ORLANDO
Address: 3138 COMMODORE PLAZA UNIT 1-2
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Delete
Name: BENLOLO, JHON
Address: 3138 COMMODORE PLAZA UNIT 1-2
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JIMENEZ, HERMELINDA
Address: 500 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33130

Title: VPD (X) Change () Addition
Name: BENLOLO, JHON
Address: 500 BRICKELL AVENUE, STE. F
City-St-Zip: MIAMI, FL 33130

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: HERMELINDA JIMENEZ

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date