2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000128964

FILED Oct 27, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Entity Name: MARENCO INCOME TAX & ACCOUNTING SERVICES INC

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

1550 S.W. 1TH STREET SUITE 12 1550 S.W. 1TH STREET SUITE 12 & 13

MIAMI, FL 33135 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

1550 S.W. 1TH STREET SUITE 12 1550 S.W. 1TH STREET SUITE 12 & 13

MIAMI, FL 33135 MIAMI, FL 33135

FEI Number: 34-2017330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARENCO, RICARDO J MARENCO, RICARDO J 301 NW 24 AVE 601 NW 24 AVE MIAMI, FL 33125 MIAMI, FL 33125 US 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: RICARDO J MARENCO 10/27/2008

> 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:

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

MARENCO, RICARDO J Name: Name: MEDAL, MARJORIE R 301 NW 24 AVE 601 NW 24 AVE Address: Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

Title: VD Title: VD (X) Change () Addition () Delete MEDAL, MARJORIE R Name: Name: MARENCO, DOMINGA E

301 NW 24 AVE Address: 9601 FOUNTAINBLEU BLV # 103 Address:

MIAMI, FL 33125 MIAMI, FL 33172 City-St-Zip: 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: MARJORIE R MEDAL PD 10/27/2008